Ownership, Management and General Information

Adams County Dialysis Name:

436 North 10th Street Address:

City: Quincy County: Adams 3 HSA: Medicare ID: 14-2711 **Legal Entity Operator:**

Legal Entity Owner:

For Profit Corporation Blessing Hospital

Total Renal Care, Inc.

Property Owner: Other Ownership:

Ownership Type:

Hrishikesh Ghanekar **Medical Director Name: Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	17	Full-Time Work Week:	32	
Certified Stations by CMS:	17	Regsitered Nurse :	2	
Peak Authorized Stations Operated:	17	Dialysis Technician :	5	
Authorized Stations Setup and Staffed in Oct 1-7:	17	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	2	
Dialysis Station Ut	ilization for the We	eek of Oct 1 - 7		

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	8	12	8	12	8	0	12
Number of Patients Treated	12	25	13	26	12	0	26

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 40 In-Center Treatments in calendar year: 6,138 (Beginning patients) **Number of Missed Treatments:** 400 **Average Daily Treatments:** Patients treated as of 12/31/2013: 37 Average Treatment Time (min): 210.0 (Ending patients)

Total Unduplicated patients 55

treated in calendar year:

7

7

24

2

16

31

9

23

55

White:

TOTAL:

Unknown:

65-74 yr

75 < yrs

Total

ADDITIONS to the EACH ITY	LOSSES to the FACILITY	LICE DATE for the EACH ITY
ADDITIONS to the FACILITY	LUSSES to the FACILITY	USE RATE for the FACILITY

<u> </u>	<u> </u>		OOL NATE TOT THE TAGILITY	
21	Recovered patients:	3	Treatment Capacity/year (based on Stations):	15,912
35	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	39%
1	Patients transferred out:	42	Use Rate (including Missed Treatments):	41%
0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	39%
57	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	36%
	Patients deceased:	14	Renal Network Use Rate:	36%
	Total:	60		
	21 35 1 0	21 Recovered patients: 35 Transplant Recipients: 1 Patients transferred out: 0 Patients voluntarily discontinued 57 Patients lost to follow up: Patients deceased:	21 Recovered patients: 3 35 Transplant Recipients: 0 1 Patients transferred out: 42 0 Patients voluntarily discontinued 1 57 Patients lost to follow up: 0 Patients deceased: 14	21 Recovered patients: 3 Treatment Capacity/year (based on Stations): 35 Transplant Recipients: 0 Use Rate (Treatments/Treatment capacity): 1 Patients transferred out: 42 Use Rate (including Missed Treatments): 0 Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 57 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): Patients deceased: 14 Renal Network Use Rate:

Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care	
		81.	.8%	0.0%	18.2%	0.0%	0.0%	100.0%	0.0%	
Patient			45	0	10	0	0	55	0	
1/1/2013 to 1	2/31/2013	54.	.8%	0.9%	39.3%	0.0%	4.9%	100.0%	0.0%	
Net Revenue		\$1,161,52	20 \$1	8,939	\$833,406	\$0	\$104,071	\$2,117,935	\$0	
Pat	Patients by Age and Sex Patients by Race			2	<u>Pat</u>	ients by Ethnicit	<u> </u>			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Asian Patients:		Asian Patients: 0 Hispanic Latino Patie		Patients:	0
<14 yrs	0	0	0	Nativ	Native American/ Indian:		Non-Hispanic La	atino Patien	55	
15-44 yr	1	2	3	Black	Black/ African American :		Unknown Ethnic	city Patients	0	
45-64 yr	9	11	20	Hawa	iian /Pacific Islande	0	TOTAL:		55	

46

0

55

STATION INFORMATION

Ownership, Management and General Information

Aledo Kidney Center, LLC Name:

14-2658

Address: Aledo City: Mercer County: 10 HSA:

Medicare ID:

Legal Entity Operator: 409 N.W. 9th Avenue

Aledo Kidney Center, LLC

FACILITY STAFFING FULL TIME FOLIVALENT

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** Mercer County Hospital

Other Ownership:

Medical Director Name: Rajesh Alla, M.D. **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	8	Full-Time Work Week:	40
Certified Stations by CMS:	8	Regsitered Nurse :	1
Peak Authorized Stations Operated:	8	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	7	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		I DN -	0

(subset of authorized stations) I PN · 0 Number of Shifts Operated per day Other Health: Other Non-Health: 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	12	0	12	0	0	12	
Number of Patients Treated	0	16	0	16	0	0	16	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 14 In-Center Treatments in calendar year: 19 (Beginning patients) **Number of Missed Treatments:** 84

Average Daily Treatments: Patients treated as of 12/31/2013: 15 (Ending patients) **Average Treatment Time (min):** 180.0

Total Unduplicated patients 19

treated in calendar year:

Medicare

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

Medicaid

New Patients:	4	Recovered patients:	0	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	1	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	0%
Patients Re-Started:	0	Patients transferred out:	4	Use Rate (including Missed Treatments):	1%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	29%
Total:	5	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	31%
		Patients deceased:	0	Renal Network Use Rate:	31%
		Total:	4		

Patients and Net Revenue by Payor Source

Private Pay

Other Public

TOTAL

Charity Care

Private Insurance

		78.	.9%	5.3%	5.3%	0.0%	10.5%	100.0%	0.0%	
Patient			15	1	1	0	2	19	0	
1/1/2013 to	12/31/2013	81.	.3%	0.6%	18.1%	0.0%	0.0%	100.0%	0.0%	
Net Revenue		\$485,90	00	\$3,696	\$108,142	\$0	\$0	\$597,738	\$0	
<u>Pa</u>	Patients by Age and Sex				Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	tients:	0	Hispanic Latino I	Patients:	0	
<14 yrs	0	0	0	Native A	Native American/ Indian:		Native American/ Indian: 0 Non-Hispanic Latino Patien		tino Patien	19
15-44 yr	0	1	1	Black/ Af	Black/ African American :		Unknown Ethnic	ity Patients	0	
45-64 yr	5	2	7	Hawaiiar	/Pacific Islande	0	TOTAL:		19	
65-74 yr	2	4	6	White:		19				
75 < yrs	1	4	5	Unknow	1 :	0				
Total	8	11	19	TOTAL:		19				

Ownership, Management and General Information

Name:

Alton Dialysis

14-2619

Address: City:

Medicare ID:

3511 College Avenue Alton

Madison County: HSA: 11

Legal Entity Owner:

DVA Renal HealthCare INC.

FACILITY STAFFING - FULL TIME EQUIVALENT

Legal Entity Operator:

Ownership Type:

Limited Liability Company

Property Owner:

Joy Heath Odell

Other Ownership:

Medical Director Name: Debra L. Frenchie **Provides Incenter Noctural Dialysis:**

STATION INFORMATION

Authorized Stations as of 12/31/2013:	14	Full-Time Work Week:	40
Certified Stations by CMS:	14	Regsitered Nurse :	3
Peak Authorized Stations Operated:	14	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	16	14	16	14	0	16	
Number of Patients Treated	29	34	31	35	30	0	37	

Facility Utilization Information

Facility Reported Patient Information

Medicare

52

104

90.4%

Facility Reported Treatment Information

Other Public

1.0%

In-Center Treatments in calendar year: **Number of Missed Treatments:**

9,619 173

(Beginning patients)

Patients treated as of 12/31/2013:

52

Patients treated as of 1/1/2013:

(Ending patients)

Total

71 104

Medicaid

3.8%

TOTAL:

62

Average Daily Treatments: Average Treatment Time (min):

Private Pay

1.0%

104

210.0

TOTAL

100.0%

Charity Care

0.0%

Total Unduplicated patients

treated in calendar year:

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	24	Recovered patients:	4	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	1	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	73%
Patients Re-Started:	2	Patients transferred out:	12	Use Rate (including Missed Treatments):	75%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	74%
Total:	27	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	85%
		Patients deceased:	17	Renal Network Use Rate:	85%
		Total:	35		

Patients and Net Revenue by Payor Source

3.8%

Private Insurance

		00.	170	0.070	0.070	1.070	1.070	100.070	0.070
Patient			94	4	4	1	1	104	0
1/1/2013 to	12/31/2013	60.	6%	1.8%	25.1%	0.1%	12.4%	100.0%	0.1%
Net Revenue		\$1,834,08	1 \$5	53,899	\$759,005	\$3,245	\$374,556	\$3,024,785	\$3,245
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Par</u>	tients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic L	atino Patien	0
15-44 yr	6	4	10	Black/ A	frican American :	32	Unknown Ethni	city Patients	104
45-64 yr	14	20	34	Hawaiia	n /Pacific Islande	0	TOTAL:		104
65-74 yr	20	13	33	White:		71			
75 < yrs	12	15	27	Unknow	n:	1			

Ownership, Management and General Information

ARA- Crystal Lake Dialysis Name:

6298 Northwest Hwy. Suite # 300 Address:

City: McHenry County: HSA: 8 **Medicare ID:**

Crystal Lake

14-2664

ARA-N.W. Chicago LLC **Legal Entity Operator:**

Legal Entity Owner:

Limited Liability Company Ownership Type: **Property Owner:** Centro Bradley Crystal Lake,LLC

Other Ownership:

Medical Director Name: Mohammad Zahid **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Regsitered Nurse :	4
Peak Authorized Stations Operated:	16	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1
Dialysis Station Ut	ilization for the We	eek of Oct 1 - 7	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	8	12	8	12	8	0	12
Number of Patients Treated	6	27	6	27	7	0	26

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 39 5,097 (Beginning patients) **Number of Missed Treatments:** 72

Average Daily Treatments: Patients treated as of 12/31/2013: 37

(Ending patients) **Average Treatment Time (min):** 210.0

Total Unduplicated patients 76 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
---------------------------	------------------------	---------------------------

		-			
New Patients:	22	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	15	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	34%
Patients Re-Started:	0	Patients transferred out:	17	Use Rate (including Missed Treatments):	35%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	41%
Total:	37	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	39%
		Patients deceased:	4	Renal Network Use Rate:	39%
		Total:	24		

Patients and Net Revenue by Payor Source

		Medica	re M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		76.3	%	5.3%	13.2%	1.3%	3.9%	100.0%	0.0%
Patient		Ę	58	4	10	1	3	76	0
1/1/2013 to	12/31/2013	57.5	%	2.0%	37.5%	0.6%	2.4%	100.0%	0.0%
Net Revenue		\$1,327,623	\$4	6,568	\$866,367	\$14,471	\$55,796	\$2,310,826	\$0
Pat	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	1	Hispanic Latino	Patients:	7
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	69
15-44 yr	1	3	4	Black	/ African American :	2	Unknown Ethnic	city Patients	0
45-64 yr	14	12	26	Hawa	iian /Pacific Islande	0	TOTAL:		76
65-74 yr	13	13	26	White) :	73			
75 < yrs	8	12	20	Unkn	own:	0			
Total	36	40	76	TOTA	۱L:	76			

Total Net Revenue does not compute Total is 2,310,826.00

Ownership, Management and General Information

Name:

ARA-McHenry County

Address:

4209 West Shamrock Lane

City:

County:

McHenry McHenry

HSA. 8 Medicare ID: 14-2737 **Legal Entity Operator:**

ARA-N.W. Chicago

Legal Entity Owner:

Ownership Type:

Limited Liability Company Riggsby Company, LLC

1

2

210.0

Property Owner: Other Ownership:

Medical Director Name:

Mohammad Zahid **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		<u>FACILITY STAFFING - FULL TIME E</u>	<u>EQUIVALENT</u>
s as of 12/31/2013:	12	Full-Time Work Week:	40

Authorized Stations Certified Stations by CMS: 12 Regsitered Nurse: **Peak Authorized Stations Operated:** 12 Dialysis Technician: Authorized Stations Setup and Staffed in Oct 1-7: 12 Dietician: Isolation Stations Set up in Oct 1-7: 1 Social Worker:

0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	11	0	11	0	0	11
Number of Patients Treated	0	15	0	15	0	0	16

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 16 In-Center Treatments in calendar year: 2,243 (Beginning patients) **Number of Missed Treatments:** 48

Average Daily Treatments: Patients treated as of 12/31/2013: 17

(Ending patients) Average Treatment Time (min):

Total Unduplicated patients 26 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients: Recovered patients: 2 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 0 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 20% Patients Re-Started: 0 Patients transferred out: 0 **Use Rate (including Missed Treatments):** 20% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 22% Total: Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 24% Patients deceased: 2 **Renal Network Use Rate:** 24%

> Total: 6

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	80.8%	0.0%	11.5%	0.0%	7.7%	100.0%	0.0%
Patient	21	0	3	0	2	26	0
1/1/2013 to 12/31/2013 Net Revenue	<i>60.6%</i> \$542,807	<i>0.0%</i> \$0	37.8% \$338,874	<i>0.0%</i> \$0	<i>1.6%</i> \$14,231	100.0% \$895,912	<i>0.0%</i> \$0
		i		ı			

Patients by Age and Sex		Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	26
15-44 yr	0	1	1	Black/ African American :	0	Unknown Ethnicity Patients	0
45-64 yr	5	1	6	Hawaiian /Pacific Islande	0	TOTAL:	26
65-74 yr	4	6	10	White:	26		
75 < yrs	5	4	9	Unknown:	0		
Total	14	12	26	TOTAL:	26		

Total Net revenue on page 12 does not add up. It is \$895,912.00

Ownership, Management and General Information

ARA-South Barrington Dialysis Name:

33 W. Higgins Road Suite 920-945 Address:

City: Cook County: 7

14-2662

HSA:

Medicare ID:

South Barrington

Property Owner: Other Ownership:

ARA-N.W. Chicago **Legal Entity Operator:**

Legal Entity Owner:

Limited Liability Company Stonegate properties, Inc

Ownership Type:

Medical Director Name: Mohammad Zahid **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	STATION INFORMATION			
Authorized Stations as of 12/31/2013:	14	Full-Time Work Week:	40	
Certified Stations by CMS:	14	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	14	Dialysis Technician :	5	
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	1	
Number of Shifts Operated per day		Other Health :	0	
• • •		Other Non-Health:	1	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	11	16	11	16	11	0	16	
Number of Patients Treated	21	33	21	32	21	0	31	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information 8,244 Patients treated as of 1/1/2013: 59 In-Center Treatments in calendar year: (Beginning patients) **Number of Missed Treatments:** 109 **Average Daily Treatments:** Patients treated as of 12/31/2013: 61 (Ending patients) **Average Treatment Time (min):** 210.0

Total Unduplicated patients 83 treated in calendar year:

Medicare

Medicaid

ADDITIONS to the FACILITY LOSSES to the FAC			ACILITY USE RATE for the FACILITY					
New Patients:	13	Recovered patients:	0	Treatment Capacity/year (based on Stations):	13,104			
Transient Patients:	1	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	63%			
Patients Re-Started:	0	Patients transferred out:	9	Use Rate (including Missed Treatments):	64%			
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	70%			
Total:	14	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	73%			
		Patients deceased:	9	Renal Network Use Rate:	73%			
		Total:	22					

Patients and Net Revenue by Payor Source

Private Pay

Other Public

TOTAL

Charity Care

Private Insurance

		71.	.1%	6.0%	21.7%	1.2%	0.0%	100.0%	0.0%
Patient			59	5	18	1	0	83	0
1/1/2013 to	12/31/2013	61.	.7%	6.3%	31.3%	0.7%	0.0%	100.0%	0.0%
Net Revenue		\$1,651,26	3 \$16	8,807	\$835,952	\$18,828	\$0	\$2,674,850	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	5	Hispanic Latino	Patients:	21
<14 yrs	0	0	0	Native A	merican/ Indian:	1	Non-Hispanic La	atino Patien	62
15-44 yr	4	2	6	Black/ A	frican American :	2	Unknown Ethnic	city Patients	0
45-64 yr	20	8	28	Hawaiia	n /Pacific Islande	0	TOTAL:		83
65-74 yr	11	11	22	White:		75			
75 < yrs	12	15	27	Unknow	n:	0			
Total	47	36	83	TOTAL:		83			

Page 12 total revenue is 2,674,850.00

Ownership, Management and General Information

Name: Barrington Creek Dialysis
Address: 28160 West Northwest Highway

Address: 28160 West Northw City: Lake Barrington

County: Cook HSA: 7 Medicare ID: 14-2736 Legal Entity Operator: Camino Dialysis LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Barrinton Medical Development

Other Ownership:

Medical Director Name: Dr. Sumit Bector Provides Incenter Noctural Dialysis:

STATION INFORMATION	STATION INFORMATION						
Authorized Stations as of 12/31/2013:	12		Full-Time Work Week:				40
Certified Stations by CMS:	12		Regsiter	ed Nurse :			1
Peak Authorized Stations Operated:	12		Dialysis	Technician	:		3
Authorized Stations Setup and Staffed in Oct 1-7:	12		Dieticiar	1 :			0
Isolation Stations Set up in Oct 1-7:	1		Social Worker:				0
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other Ho	ealth:			0
	Other Non-Health:				0		
<u>Dialysis Station Ut</u>	ilization for th	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 0	10	0	10	0	0	10	

0

12

Private Pay

0

Other Public

0

12

TOTAL

Charity Care

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

12

Patients treated as of 1/1/2013: 6 In-Center Treatments in calendar year: 1,220 (Beginning patients) Number of Missed Treatments: 17

Patients treated as of 12/31/2013: Average Daily Treatments:

Medicaid

0

(Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 25

Medicare

Number of Patients Treated

treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY

New Patients: 8 Recovered patients: 0 Treatment Capacity/year (based on Stations): 11,232 Use Rate (Treatments/Treatment capacity): **Transient Patients:** 11 **Transplant Recipients:** 0 11% Patients Re-Started: 0 Patients transferred out: 12 Use Rate (including Missed Treatments): 11% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 8% Total: 19 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 15% Patients deceased: **Renal Network Use Rate:** 15% 1 Total: 13

Patients and Net Revenue by Payor Source

Private Insurance

		80	.0%	12.0%	8.0%	0.0%	0.0%	100.0%	0.0%
Patient			20	3	2	0	0	25	0
1/1/2013 to	12/31/2013	33	8.6%	0.0%	65.1%	1.1%	0.2%	100.0%	1.1%
Net Revenue		\$226,04	49	\$0	\$438,258	\$7,375	\$1,597	\$673,279	\$7,375
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pati</u>	ents by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	itients:	0	Hispanic Latino	Patients:	1
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic La	tino Patien	24
15-44 yr	3	1	4	Black/ A	frican American :	0	Unknown Ethnic	ity Patients	0
45-64 yr	4	2	6	Hawaiiar	n /Pacific Islande	0	TOTAL:		25
65-74 yr	5	2	7	White:		25			
75 < yrs	5	3	8	Unknow	n :	0			
Total	17	8	25	TOTAL:		25			

Ownership, Management and General Information

Name:

Benton Dialysis

14-2608

Address:

Medicare ID:

1151 State Route #14 West

City: County:

Franklin HSA: 5

Benton

Ownership Type: **Property Owner:**

Renal Life Link, Inc.

For Profit Corporation Steven J. Zelman, MD

FACILITY STAFFING - FULL TIME EQUIVALENT

Other Ownership:

Legal Entity Operator:

Legal Entity Owner:

Medical Director Name: Dr. Kevin Chen **Provides Incenter Noctural Dialysis:**

Authorized Stations as of 12/31/2013:	13	Full-Time Work Week:	0
Certified Stations by CMS:	13	Regsitered Nurse :	2
Peak Authorized Stations Operated:	13	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	2
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	2
• • •		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	10	0	10
Number of Patients Treated	20	23	17	20	16	0	18

Facility Utilization Information

Facility Reported Patient Information

42

80

Facility Reported Treatment Information In-Center Treatments in calendar year:

5,565 352

Patients treated as of 1/1/2013: (Beginning patients)

(Ending patients)

Patients treated as of 12/31/2013: 39 **Number of Missed Treatments: Average Daily Treatments:** Average Treatment Time (min):

210.0

Total Unduplicated patients

treated in calendar year:

ADDITIONS to the FACILITY

New Patients:	24
Transient Patients:	13
Patients Re-Started:	3
Post-Transplant Patien	1
Total:	41

LOSSES to the FACILITY Recovered patients: 2 **Transplant Recipients:** 1 Patients transferred out: 19 Patients voluntarily discontinued 3 Patients lost to follow up: 0 Patients deceased: 20 Total: 45

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): 12,168 Use Rate (Treatments/Treatment capacity): 46% Use Rate (including Missed Treatments): 49% Use Rate (Begining patients treated): 54% Use Rate (Year end Patients/Stations*6): 50% **Renal Network Use Rate:** 50%

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	82.5%	1.3%	8.8%	0.0%	7.5%	100.0%	0.0%
Patient	66	1	7	0	6	80	0
1/1/2013 to 12/31/2013	64.7%	2.0%	23.6%	0.0%	9.7%	100.0%	0.0%
Net Revenue	\$896,270	\$27,063	\$327,786	\$0	\$135,005	\$1,386,124	\$0
Patients by Age	and Sex		Patients by Race	<u>2</u>	<u>Pat</u>	tients by Ethnicity	!
CE CPOLIDS MALE	EEMALE TOT	Al Acian	Dationts:	0	Hispania Latina	Dationte:	٥

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	80
15-44 yr	3	2	5	Black/ African American :	2	Unknown Ethnicity Patients	0
45-64 yr	12	6	18	Hawaiian /Pacific Islande	0	TOTAL:	80
65-74 yr	10	12	22	White:	78		
75 < yrs	21	14	35	Unknown:	0		
Total	46	34	80	TOTAL:	80		

Ownership, Management and General Information

Name:

Beverly Dialysis Center

Address: City:

8109 South Western Avenue

County:

Chicago Cook

HSA: 6 **Medicare ID:** 14-2638 **Legal Entity Operator:**

Renal Life Link, Inc.

Legal Entity Owner:

For Profit Corporation Ownership Type: **Property Owner:** Alam Butt, LLC

Other Ownership:

Medical Director Name: James Rydel MD **Provides Incenter Noctural Dialysis:**

STATION	INFORMATION	
SIAIIUN	INFORMATION	

Authorized Stations as of 12/31/2013:	14	Full-Time Work Week:	40
Certified Stations by CMS:	14	Regsitered Nurse :	3
Peak Authorized Stations Operated:	14	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	15	15	15	15	0	15
Number of Patients Treated	34	36	36	36	34	0	35

Facility Utilization Information

Facility Reported Patient Information

Facility Reported Treatment Information

Other Public

210.0

TOTAL

Charity Care

FACILITY STAFFING - FULL TIME EQUIVALENT

11,402 Patients treated as of 1/1/2013: 75 In-Center Treatments in calendar year: (Beginning patients) **Number of Missed Treatments:** 642 **Average Daily Treatments:**

Patients treated as of 12/31/2013: 78

(Ending patients) **Average Treatment Time (min):**

Total Unduplicated patients 113 treated in calendar year:

Medicare

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY

Private Pay

	··-·				
New Patients:	19	Recovered patients:	0	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	35	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	87%
Patients Re-Started:	1	Patients transferred out:	23	Use Rate (including Missed Treatments):	92%
Post-Transplant Patien	2	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	89%
Total:	57	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	93%
		Patients deceased:	13	Renal Network Use Rate:	94%
		Total	20		

Total: 39

Medicaid

Patients and Net Revenue by Payor Source

Private Insurance

		66.4	1 %	8.0%	25.7%	0.0%	0.0%	100.0%	0.0%	
Patient			75	9	29	0	0	113	0	
1/1/2013 to	12/31/2013	51.8	3%	3.2%	39.6%	0.0%	5.4%	100.0%	0.0%	
Net Revenue		\$1,920,43°	1 \$11	9,337	\$1,470,893	\$295	\$199,739	\$3,710,696	\$295	
Patients by Age and Sex				Patients by Race			Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian F	Patients:	0	Hispanic Latino	Patients:	11	
<14 yrs	0	0	0	Native A	American/ Indian:	0	Non-Hispanic Latino Patien		102	
15-44 yr	15	6	21	Black/	African American :	99	Unknown Ethnicity Patients		0	
45-64 yr	29	20	49	Hawaiia	an /Pacific Islande	0	TOTAL:		113	
65-74 yr	15	22	37	White:		14				
75 < yrs	2	4	6	Unknov	vn:	0				
Total	61	52	113	TOTAL		113				

Ownership, Management and General Information

Big Oaks Dialysis Center Name:

5623 West Touhy Address:

Niles City: Cook County: HSA: **Medicare ID:** 14-2712 **Legal Entity Operator:**

Legal Entity Owner:

For Profit Corporation

Total Renal Care, Inc.

Ownership Type: **Property Owner:** Mid-America Asset Management, Inc.

Other Non-Health:

54

0

Other Ownership:

Medical Director Name: Daiva Valaitis **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32		
Certified Stations by CMS:	12	Regsitered Nurse :	1		
Peak Authorized Stations Operated:	12	Dialysis Technician :	2		
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0		
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	11	0	11	0	0	11	
Number of Patients Treated	0	20	0	19	0	0	18	

Facility Utilization Information

75 < yrs

Total

11

37

5

17

16

54

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 22 2,986 (Beginning patients) **Number of Missed Treatments:** 146 **Average Daily Treatments:**

Patients treated as of 12/31/2013: 23 (Ending patients) **Average Treatment Time (min):** 210.0

Total Unduplicated patients 54 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	16	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	15	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	27%
Patients Re-Started:	0	Patients transferred out:	24	Use Rate (including Missed Treatments):	28%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	31%
Total:	31	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	32%
		Patients deceased:	5	Renal Network Use Rate:	32%
		Total:	33		

Patients and Net Revenue by Payor Source

		Medic	are N	ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		66	.7%	13.0%	18.5%	1.9%	0.0%	100.0%	0.0%
Patient			36	7	10	1	0	54	0
1/1/2013 to 1	2/31/2013	55	.0%	8.7%	29.3%	0.3%	6.6%	100.0%	0.3%
Net Revenue		\$432,57	79 \$	68,630	\$230,635	\$2,387	\$52,112	\$786,343	\$2,387
Patients by Age and Sex				Patients by Rac	<u>e</u>	Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	9	Hispanic Latino	Patients:	5
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	tino Patien	45
15-44 yr	4	3	7	Black	/ African American :	5	Unknown Ethnic	ity Patients	4
45-64 yr	15	6	21	Hawa	iian /Pacific Islande	0	TOTAL:		54
65-74 yr	7	3	10	White) :	36			

Source: Data based on 2013 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

Unknown:

TOTAL:

Ownership, Management and General Information

Name: Blessing Dialysis Center of Pittsfield

Address: 640 West Washington Street
City: Pittsfield

County: Pike HSA: 3 Medicare ID: 14-2708 Legal Entity Operator:

Total Renal Care, Inc

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Blessingcare Corporation d/b/a Illini Community Ho

Other Ownership:

Medical Director Name: Hrishikesh Ghanekar Provides Incenter Noctural Dialysis:

STATION INFORMATIO	<u>N</u>			FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2013:		5		Full-Time Work Week:				40
Certified Stations by CMS:		Regsitered Nurse :				1		
Peak Authorized Stations Operated:	5		Dialysis Technician :				1	
Authorized Stations Setup and Staffed in Oct	: 1-7:	5		Dietician :				0
Isolation Stations Set up in Oct 1-7:		0		Social Worker:				0
(subset of authorized stations)				LPN:			0	
Number of Shifts Operated per day				Other Health :			0	
				Other Non-Health:			0	
<u>Dialysi</u>	s Station Utili	zation for th	ne Week of (Oct 1 - 7				
Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	13	0	13	0	0	13	
Number of Patients Treated	0	14	0	13	0	0	14	

Facility Utilization Information

Facility Reported Patient Information Facility

17

26

Medicaid

Medicare

Facility Reported Treatment Information
In-Center Treatments in calendar year: 1,939

Other Public

Patients treated as of 1/1/2013: (Beginning patients)

9 In-Center Treatments in calenda Number of Missed Treatments:

172

Patients treated as of 12/31/2013: (Ending patients)

Average Daily Treatments:

Private Pay

Average Treatment Time (min):

209.0

TOTAL

Charity Care

Total Unduplicated patients

treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY

USE RATE for the FACILITY

New Patients:	13	Recovered patients:	1	Treatment Capacity/year (based on Stations):	4,680
Transient Patients:	3	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	41%
Patients Re-Started:	1	Patients transferred out:	5	Use Rate (including Missed Treatments):	45%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	30%
Total:	17	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	57%
		Patients deceased:	1	Renal Network Use Rate:	57%
		Total:	8		

Patients and Net Revenue by Payor Source

Private Insurance

		84.	.6%	0.0%	7.7%	0.0%	7.7%	100.0%	0.0%	
Patient			22	0	2	0	2	26	0	
1/1/2013 to	12/31/2013	46.	.7%	0.2%	52.0%	0.2%	0.9%	100.0%	0.2%	
Net Revenue	•	\$387,63	39 \$	51,747	\$431,249	\$1,770	\$7,115	\$829,520	\$1,770	
Patients by Age and Sex				Patients by Race			Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	0	Hispanic Latino	Patients:	0	
<14 yrs	0	0	0	Native A	American/ Indian:	0	Non-Hispanic Latino Patien		26	
15-44 yr	0	0	0	Black/ A	African American :	0	Unknown Ethnic	ity Patients	0	
45-64 yr	4	4	8	Hawaiia	n /Pacific Islande	0	TOTAL:		26	
65-74 yr	3	2	5	White:		26				
75 < yrs	8	5	13	Unknow	n:	0				
Total	15	11	26	TOTAL:		26				

Ownership, Management and General Information

Name: Center for Renal Replacement

Address: 7301 N. Lincoln Ave.

City: Lincolnwood
County: Cook

County: Cook HSA: 7 Medicare ID: 14-2663 Legal Entity Operator:

Center for Renal Replacement, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Imperial Realty

Other Ownership:

Medical Director Name: James K. Yeung, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION			FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2013:	16		Full-Time	e Work Wee	k:		36
Certified Stations by CMS:	16		Regsiter	ed Nurse :			2
Peak Authorized Stations Operated:	16		Dialysis	Technician :			6
Authorized Stations Setup and Staffed in Oct 1-7:	16		Dietician		1		
Isolation Stations Set up in Oct 1-7:	1		Social Worker:				1
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other He	ealth:			1
			Other No	on-Health:			1
Dialysis Station Utilization for the Week of Oct 1 - 7							
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	14	14	14	14	0	14	
Number of Patients Treated	31	37	30	36	32	0	34	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 67 In-Center Treatments in calendar year: 10,003 (Beginning patients) Number of Missed Treatments: 549

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 210.0

Total Unduplicated patients 84 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	14	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	67%
Patients Re-Started:	10	Patients transferred out:	20	Use Rate (including Missed Treatments):	70%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	70%
Total:	25	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	69%
		Patients deceased:	10	Renal Network Use Rate:	69%
		Total:	30		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	81.0%	3.6%	15.5%	0.0%	0.0%	100.0%	0.0%
Patient	68	3	13	0	0	84	0
1/1/2012 to 12/31/2012	70.9%	0.1%	29.1%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$1,877,682	\$1,872	\$770,225	\$0	\$0	\$2,649,779	\$0
Patients by Age	and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS MALE	FEMALE TOTAL	Asian	Patients:	15	Hispanic Latino	Patients:	4

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	15	Hispanic Latino Patients:	4
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	80
15-44 yr	2	0	2	Black/ African American :	19	Unknown Ethnicity Patients	0
45-64 yr	19	12	31	Hawaiian /Pacific Islande	14	TOTAL:	84
65-74 yr	19	7	26	White:	35		
75 < yrs	18	7	25	Unknown:	0		
Total	58	26	84	TOTAL:	84		

The Financial Statements for 2013 have not yet been reviewed.

Ownership, Management and General Information

Name:

Centralia Dialysis

Address:

HSA:

1231 State Route 161 East

City: County: Centralia Marion

5 Medicare ID: 14-2609 **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Other Ownership:

Medical Director Name: Steven Zelman

Renal Life Link

Steven Zelman

FACILITY STAFFING - FULL TIME EQUIVALENT

Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>l</u>
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Authorized Stations as of 12/31/2013:	14	Full-Time Work Week:	40
Certified Stations by CMS:	14	Regsitered Nurse :	5
Peak Authorized Stations Operated:	14	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	2
· · ·		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	10	0	10
Number of Patients Treated	25	26	25	25	25	0	26

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2013: 59

(Beginning patients) Patients treated as of 12/31/2013:

(Ending patients) **Total Unduplicated patients**

treated in calendar year:

Facility Reported Treatment Information

In-Center Treatments in calendar year: 7.482 **Number of Missed Treatments:** 232

Average Daily Treatments:

Average Treatment Time (min): 300.0

LOSSES to the FACILITY ADDITIONS to the FACILITY

New Patients: 26 **Transient Patients:** 6 Patients Re-Started: 0 **Post-Transplant Patien** Total: 33

Recovered patients: **Transplant Recipients:** Patients transferred out: Patients voluntarily discontinued Patients lost to follow up: Patients deceased:

52

52

0 11 1 1 18 Total: 34

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): 13,104 Use Rate (Treatments/Treatment capacity): 57% Use Rate (including Missed Treatments): 59% Use Rate (Begining patients treated): 70% Use Rate (Year end Patients/Stations*6): 62% **Renal Network Use Rate:** 62%

Patients and Net Revenue by Payor Source

3

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care	
	84.6%	5.8%	0.0%	9.6%	0.0%	100.0%	0.0%	
Patient	44	3	0	5	0	52	0	
1/1/2013 to 12/31/2013	65.1%	1.3%	24.3%	0.0%	9.3%	100.0%	0.0%	
Net Revenue	\$1,613,309	\$31,197	\$602,833 \$0		\$229,549	\$2,476,888	\$0	
Patients by Age	and Cay		Dationts by Boo	•	Pot	ionto by Ethnicit	.,	

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	52
15-44 yr	7	2	9	Black/ African American :	6	Unknown Ethnicity Patients	0
45-64 yr	10	2	12	Hawaiian /Pacific Islande	0	TOTAL:	52
65-74 yr	9	10	19	White:	45		
75 < yrs	9	3	12	Unknown:	0		
Total	35	17	52	TOTAL:	52		

Ownership, Management and General Information

Name: Chicago Heights Dialysis Address: 177 East Joe Orr Road

Address: 177 East Joe Orr Road City: Chicago Heights

County: Cook HSA: 7 Medicare ID: 14-2635 Legal Entity Operator:

Chicago Heights Dialysis, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Matanky Realty Group Inc.

Other Ownership:

Medical Director Name: William B Evans
Provides Incenter Noctural Dialysis:

STATION INFORMATION	STATION INFORMATION					
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32			
Certified Stations by CMS:	16	Regsitered Nurse :	2			
Peak Authorized Stations Operated:	16	Dialysis Technician :	8			
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1			
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1			
(subset of authorized stations)		LPN:	0			
Number of Shifts Operated per day		Other Health :	1			
		Other Non-Health:	1			
Dialysis Station Utilization for the Week of Oct 1 - 7						

<u>Dialysis Station Utilization for the Week of Oct 1 - 7</u>

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	12	17	12	17	0	17
Number of Patients Treated	24	43	24	46	23	0	47

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 81 In-Center Treatments in calendar year: 10,840 (Beginning patients) Number of Missed Treatments: 707

Patients treated as of 12/31/2013: 79 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 225.0

Total Unduplicated patients 116 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
---------------------------	------------------------	---------------------------

		-			
New Patients:	34	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	12	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	72%
Patients Re-Started:	0	Patients transferred out:	15	Use Rate (including Missed Treatments):	77%
Post-Transplant Patien	0	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	84%
Total:	46	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	82%
		Patients deceased:	12	Renal Network Use Rate:	82%
		Total:	33		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	80.9%	12.2%	3.5%	0.0%	3.5%	100.0%	0.9%
Patient	93	14	4	0	4	115	1
1/1/2013 to 12/31/2013	62.2%	2.4%	19.2%	0.1%	16.0%	100.0%	0.1%
Net Revenue	\$1,758,751	\$67,243	\$543,905	\$3,540	\$452,564	\$2,826,004	\$3,540
		1		1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	17
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	99
15-44 yr	12	8	20	Black/ African American :	87	Unknown Ethnicity Patients	0
45-64 yr	31	22	53	Hawaiian /Pacific Islande	0	TOTAL:	116
65-74 yr	11	13	24	White:	29		
75 < yrs	11	8	19	Unknown:	0		
Total	65	51	116	TOTAL:	116		

Ownership, Management and General Information

1426 West Washington Blvd.

Circle Medical Management Name:

Chicago City: Cook County: HSA:

Address:

Medicare ID:

6 14-2540 **Legal Entity Operator:**

Circle Medical Management, Inc

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Respiratory Health Associates of Metroplitan Chica

Other Ownership:

Medical Director Name: Stephen M. Korbet, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION			FACILITY	STAFFING	- FULL TIM	IE EQUIVAL	<u>ENT</u>
Authorized Stations as of 12/31/2013:	28		Full-Time Work Week:				36
Certified Stations by CMS:	26		Regsiter	ed Nurse :			4
Peak Authorized Stations Operated:	28		Dialysis	Technician	:		14
Authorized Stations Setup and Staffed in Oct 1-7:	28		Dieticiar	n :		1	
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				1
(subset of authorized stations)			LPN:				1
Number of Shifts Operated per day			Other Health :				1
			Other No	on-Health:			7
<u>Dialysis Station L</u>	Jtilization for tl	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 10.5	16	10.5	16	10.5	0	16	

42

59

Facility Utilization Information

Facility Reported Patient Information

Number of Patients Treated

Patients treated as of 1/1/2013: 114

Medicare

(Beginning patients) Patients treated as of 12/31/2013:

(Ending patients) **Total Unduplicated patients**

treated in calendar year:

Facility Reported Treatment Information

0

59

240.0

TOTAL

Charity Care

In-Center Treatments in calendar year: 16.641 **Number of Missed Treatments:** 400

42

Average Daily Treatments:

Private Pay

139

60

Average Treatment Time (min):

LOSSES to the FACILITY ADDITIONS to the FACILITY

New Patients: 24 **Transient Patients:** 0 Patients Re-Started: 0 **Post-Transplant Patien** Total: 25

Total

Recovered patients: **Transplant Recipients:** Patients transferred out: 17 Patients voluntarily discontinued Patients lost to follow up: Patients deceased: 12 Total: 35

Medicaid

TOTAL:

104

139

45

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): 26,208 Use Rate (Treatments/Treatment capacity): 63% Use Rate (including Missed Treatments): 65% Use Rate (Begining patients treated): 68% Use Rate (Year end Patients/Stations*6): 62% **Renal Network Use Rate:** 0%

Other Public

Patients and Net Revenue by Payor Source

Private Insurance

0

5

0

1

		85.6	%	4.3%	10.1%	0.0%	0.0%	100.0%	0.0%
Patient		11	19	6	14	0	0	139	0
1/1/2012 to 1	12/31/2012	52.9	%	4.0%	43.1%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$4,299,514	\$32	7,336	\$3,497,834	\$0	\$0	\$8,124,684	\$0
Pat	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian P	atients:	2	Hispanic Latino	Patients:	15
<14 yrs	0	0	0	Native A	American/ Indian:	0	Non-Hispanic La	atino Patien	124
15-44 yr	8	10	18	Black/ A	African American :	112	Unknown Ethnic	city Patients	0
45-64 yr	25	25	50	Hawaiia	n /Pacific Islande	25	TOTAL:		139
65-74 yr	12	19	31	White:		0			
75 < yrs	15	25	40	Unknov	vn :	0			

For patient revenue this includes revenue for all dialysis services not just incenter hemodialysis

139

79

60

Ownership, Management and General Information

Name: Cobblestone Dialysis Address: 836 Dundee Avenue

City: Elgin
County: Kane
HSA: 8
Medicare ID: 14-2715

Legal Entity Operator:

Total renal Care, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Palestra Properties

Other Ownership:

Medical Director Name: Dr. Ravi Damaraju
Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME E</u>	<u>QUIVALENT</u>

Authorized Stations as of 12/31/2013:	14	Full-Time Work Week:	40
Certified Stations by CMS:	14	Regsitered Nurse :	4
Peak Authorized Stations Operated:	14	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	14	12	14	12	0	14	
Number of Patients Treated	23	36	24	34	25	0	35	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 62 In-Center Treatments in calendar year: 9,208 (Beginning patients) Number of Missed Treatments: 880
Patients treated as of 12/31/2013: 61 Average Daily Treatments: 440.0

Total Unduplicated patients 92 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

	··-·	-			
New Patients:	31	Recovered patients:	0	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	12	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	70%
Patients Re-Started:	0	Patients transferred out:	14	Use Rate (including Missed Treatments):	77%
Post-Transplant Patien	0	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	74%
Total:	43	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	73%
		Patients deceased:	7	Renal Network Use Rate:	73%
		Total:	27		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	59.8%	16.3%	10.9%	13.0%	0.0%	100.0%	0.0%
Patient	55	15	10	12	0	92	0
1/1/2013 to 12/31/2013	44.5%	8.3%	34.3%	1.6%	11.3%	100.0%	1.6%
Net Revenue	\$1,188,780	\$222,529	\$915,180	\$42,185	\$302,551	\$2,671,225	\$42,185

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	45
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	47
15-44 yr	5	6	11	Black/ African American :	12	Unknown Ethnicity Patients	0
45-64 yr	23	16	39	Hawaiian /Pacific Islande	1	TOTAL:	92
65-74 yr	7	8	15	White:	33		
75 < yrs	17	10	27	Unknown:	45		
Total	52	40	92	TOTAL:	92		

Ownership, Management and General Information

Name:

Community Dialysis of Harvey

City: Cook County: HSA:

Address:

Medicare ID:

16641 South Halsted Street Harvey

14-2698

Legal Entity Operator: Renal Management

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** 167th and Halsted, LLC

Other Ownership:

Medical Director Name: William Evans **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2013:	18	Full-Time Work Week:	40
Certified Stations by CMS:	18	Regsitered Nurse :	2
Peak Authorized Stations Operated:	18	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	12	0	12
Number of Patients Treated	30	32	30	33	30	0	35

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 64 9,579 (Beginning patients) **Number of Missed Treatments:** 1,337 **Average Daily Treatments:** Patients treated as of 12/31/2013: 61 (Ending patients) **Average Treatment Time (min):** 210.0

Total Unduplicated patients 89

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	17	Recovered patients:	1	Treatment Capacity/year (based on Stations):	16,848
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	57%
Patients Re-Started:	0	Patients transferred out:	9	Use Rate (including Missed Treatments):	65%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	59%
Total:	17	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	56%
		Patients deceased:	3	Renal Network Use Rate:	66%
		Total:	15		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	79.8%	16.9%	3.4%	0.0%	0.0%	100.0%	0.0%
Patient	71	15	3	0	0	89	0
1/1/2013 to 12/31/2013 Net Revenue	<i>35.0%</i> \$2,043,312	<i>4.9%</i> \$285,817	<i>10.1%</i> \$591,394	<i>0.0%</i> \$0	<i>50.0%</i> \$2,920,729	100.0% \$5,841,252	<i>0.0%</i> \$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	86
15-44 yr	10	6	16	Black/ African American :	83	Unknown Ethnicity Patients	0
45-64 yr	23	10	33	Hawaiian /Pacific Islande	0	TOTAL:	89
65-74 yr	12	14	26	White:	3		
75 < yrs	7	7	14	Unknown:	3		
Total	52	37	89	TOTAL:	89		

Ownership, Management and General Information

Name: Crystal Springs Dialysis

Address: 720 Cog Circle

 City:
 Crystal Lake

 County:
 McHenry

 HSA:
 8

 Medicare ID:
 14-2716

Legal Entity Operator: Seasons Dialysis, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Apex720 LLC /Satish Patel

Other Ownership: Wholly Owned
Medical Director Name: Sumit Bector
Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
<u>OTATION IN ORMATION</u>	TAGILITI GTALLING TOLL TIME LAGIVALLINI

Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	3
Peak Authorized Stations Operated:	12	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	15	12	15	12	0	15
Number of Patients Treated	22	34	22	34	22	0	34

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 56 In-Center Treatments in calendar year: 8,019 (Beginning patients) Number of Missed Treatments: 124 Patients treated as of 12/31/2013: 4 Average Daily Treatments: 4 Average Treatment Time (min): 210.0

Total Unduplicated patients 79

Total Unduplicated patients 79 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	31	Recovered patients:	8	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	15	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	71%
Patients Re-Started:	10	Patients transferred out:	35	Use Rate (including Missed Treatments):	72%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	78%
Total:	56	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	76%
		Patients deceased:	10	Renal Network Use Rate:	76%
		Total:	56		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	77.2%	5.1%	15.2%	0.0%	2.5%	100.0%	0.0%
Patient	61	4	12	0	2	79	0
1/1/2013 to 12/31/2013	39.9%	3.3%	52.7%	0.4%	3.6%	100.0%	0.4%
Net Revenue	\$1,183,850	\$99,269	\$1,563,771	\$11,910	\$106,075	\$2,964,874	\$11,910

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	3	Hispanic Latino Patients:	11	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	68	
15-44 yr	5	0	5	Black/ African American :	4	Unknown Ethnicity Patients	0	
45-64 yr	27	14	41	Hawaiian /Pacific Islande	71	TOTAL:	79	
65-74 yr	10	7	17	White:	0			
75 < yrs	8	8	16	Unknown:	1			
Total	50	29	79	TOTAL:	79			

Ownership, Management and General Information

Danville Dialysis Services LLC Name:

910 West Clay Street Address:

14-2625

Danville City: Vermilion County: HSA:

Medicare ID:

Danville Dialysis Services, L.L.C. **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** Brijnandan S. Sodhi, M.D.

Other Ownership:

Medical Director Name: Brijnandan S. Sodhi **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>	
Authorized Stations as of 12/31/2013:	19	Full-Time Work Week:	32
Certified Stations by CMS:	19	Regsitered Nurse :	9
Peak Authorized Stations Operated:	19	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	19	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	9	10	9	10	9	0	10	
Number of Patients Treated	23	39	22	40	24	0	39	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 67 9,760 (Beginning patients) **Number of Missed Treatments:** 106 **Average Daily Treatments:** Patients treated as of 12/31/2013: 66 (Ending patients) **Average Treatment Time (min):** 210.0

Total Unduplicated patients 100 treated in calendar year:

Medicare

USE RATE for the FACILITY LOSSES to the FACILITY ADDITIONS to the FACILITY

Medicaid

New Patients:	25	Recovered patients:	0	Treatment Capacity/year (based on Stations):	17,784
Transient Patients:	6	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	55%
Patients Re-Started:	0	Patients transferred out:	15	Use Rate (including Missed Treatments):	55%
Post-Transplant Patien	2	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	59%
Total:	33	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	58%
		Patients deceased:	19	Renal Network Use Rate:	58%
		Total:	36		

Patients and Net Revenue by Payor Source

Private Pay

Other Public

TOTAL

Charity Care

Private Insurance

					•			•
	87.0	1%	6.0%	7.0%	0.0%	0.0%	100.0%	0.0%
	8	37	6	7	0	0	100	0
12/31/2013	52.4	!%	5.0%	42.5%	0.1%	0.1%	100.0%	0.0%
	\$1,698,985	\$16	2,027	\$1,379,020	\$1,650	\$2,226	\$3,243,907	\$0
tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	<u> </u>
MALE	FEMALE	TOTAL	Asian F	Patients:	0	Hispanic Latino	Patients:	3
0	0	0	Native A	American/ Indian:	0	Non-Hispanic La	atino Patien	97
6	4	10	Black/	African American :	34	Unknown Ethnic	city Patients	0
22	15	37	Hawaiia	an /Pacific Islande	0	TOTAL:		100
9	13	22	White:		66			
12	19	31	Unknov	vn:	0			
49	51	100	TOTAL	:	100			
	tients by Ag MALE 0 6 22 9	12/31/2013 52.4 \$1,698,985 tients by Age and Sex MALE FEMALE 0 0 6 4 22 15 9 13 12 19	\$1,698,985 \$16 tients by Age and Sex MALE FEMALE TOTAL 0 0 0 6 4 10 22 15 37 9 13 22 12 19 31	87 6	87 6 7 12/31/2013 52.4% 5.0% 42.5% \$1,698,985 \$162,027 \$1,379,020 tients by Age and Sex Patients by Race MALE FEMALE TOTAL Asian Patients: 0	87 6 7 0	87 6 7 0 0	12/31/2013 52.4% 5.0% 42.5% 0.1% 0.1% 100.0% 13/31/2013 52.4% 5.0% 42.5% 0.1% 0.1% 100.0% 14/31/2013 52.4% \$1,698,985 \$162,027 \$1,379,020 \$1,650 \$2,226 \$3,243,907 15

Ownership, Management and General Information

DaVita - Montvale Name:

2930 Montvale Drive Suite A Address:

Springfield City: Sangamon County:

HSA:

3

Medicare ID: 14-2590 **Legal Entity Operator:**

Legal Entity Owner:

For Profit Corporation Marriott Properties

DVA Renal Healthcare, Inc.

Ownership Type: **Property Owner:** Other Ownership:

Medical Director Name: Pradeep Mehta **Provides Incenter Noctural Dialysis: ✓**

<u>STATION INFORMATION</u> <u>FACILITY STAFFING - FULL TIME EQUIV</u>

Authorized Stations as of 12/31/2013:	17	Full-Time Work Week:	40
Certified Stations by CMS:	17	Regsitered Nurse :	4
Peak Authorized Stations Operated:	17	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	17	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	22	14	22	14	12	10	14
Number of Patients Treated	36	37	32	35	29	8	37

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 72 10,314 (Beginning patients) **Number of Missed Treatments:** 552

Average Daily Treatments: Patients treated as of 12/31/2013: 75

(Ending patients) **Average Treatment Time (min):** 210.0

Total Unduplicated patients 125

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	29	Recovered patients:	2	Treatment Capacity/year (based on Stations):	15,912
Transient Patients:	20	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	65%
Patients Re-Started:	1	Patients transferred out:	38	Use Rate (including Missed Treatments):	68%
Post-Transplant Patien	3	Patients voluntarily discontinued	6	Use Rate (Begining patients treated):	71%
Total:	53	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	74%
		Patients deceased:	3	Renal Network Use Rate:	74%
		Total:	51		

Patients and Net Revenue by Payor Source

	Medicare Me		Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	86.4%	3.2%	9.6%	0.0%	0.8%	100.0%	0.0%
Patient	108	4	12	0	1	125	0
1/1/2013 to 12/31/2013	66.4%	2.8%	30.2%	0.0%	0.6%	100.0%	0.0%
Net Revenue	\$1,796,871	\$75,476	\$817,360	\$0	\$16,184	\$2,705,891	\$0
Patients by Age	and Sex		Patients by Race		Pat	ients by Ethnicit	v

Patients by Age and Sex				Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	3		
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	122		
15-44 yr	7	4	11	Black/ African American :	36	Unknown Ethnicity Patients	0		
45-64 yr	27	19	46	Hawaiian /Pacific Islande	0	TOTAL:	125		
65-74 yr	18	15	33	White:	88				
75 < yrs	26	9	35	Unknown:	0				
Total	78	47	125	TOTAL:	125				

Ownership, Management and General Information

Name: Davita - Churchview Dialysis Address: 5970 Churchview Drive

City: East Rockford County: Winnebago

HSA: 1

Medicare ID: 14-2640

Legal Entity Operator:

DaVita Incorporated

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Rockford Health System

Other Ownership:

Medical Director Name: Dr. Charles Sweeney MD

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL T	IME EQUIVALENT	
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	32
Certified Stations by CMS:	24	Regsitered Nurse :	5
Peak Authorized Stations Operated:	24	Dialysis Technician :	10
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12.5	16	12.5	16	12.5	0	16	
Number of Patients Treated	39	56	40	59	41	0	59	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 102 In-Center Treatments in calendar year: 15,157 (Beginning patients) Number of Missed Treatments: 714 Patients treated as of 12/31/2013: 409 Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

Average Treatment Time (min):

220.0

Total Unduplicated patients 214 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	45	Recovered patients:	2	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	21	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	67%
Patients Re-Started:	1	Patients transferred out:	19	Use Rate (including Missed Treatments):	71%
Post-Transplant Patien	2	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	71%
Total:	69	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	75%
		Patients deceased:	34	Renal Network Use Rate:	75%
		Total:	60		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	78.4%	6.1%	10.8%	0.5%	4.2%	100.0%	0.5%
Patient	167	13	23	1	9	213	1
1/1/2013 to 12/31/2013	34.2%	2.2%	55.3%	0.1%	8.2%	100.0%	0.1%
Net Revenue	\$3,348,157	\$217,786	\$5,406,400	\$11,490	\$801,368	\$9,785,201	\$11,490
Patients by Age	and Cay	1	Potionto by Poo	_	Pot	ionto by Ethnicit	.,

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	7	Hispanic Latino Patients:	14
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	200
15-44 yr	14	9	23	Black/ African American :	58	Unknown Ethnicity Patients	0
45-64 yr	41	22	63	Hawaiian /Pacific Islande	2	TOTAL:	214
65-74 yr	34	27	61	White:	147		
75 < yrs	29	38	67	Unknown:	0		
Total	118	96	214	TOTAL:	214		

Ownership, Management and General Information

Name: DaVita - Decatur East Wood Address: 794 East Wood Street

 City:
 Decatur

 County:
 Macon

 HSA:
 4

 Medicare ID:
 14-2599

Legal Entity Operator:

DVA Renal Healthcare, Inc.

П

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: NAFA Reals Estate LLC

Other Ownership:

Medical Director Name: Dr. Mohammed Hasnain

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>			
Authorized Stations as of 12/31/2013:	18	Full-Time Work Week:	40		
Certified Stations by CMS:	18	Regsitered Nurse :	5		
Peak Authorized Stations Operated:	18	Dialysis Technician :	3		
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		
(subset of authorized stations)		LPN:	3		
Number of Shifts Operated per day		Other Health :	2		
		Other Non-Health:	1		
Dialysis Station Utilization for the Week of Oct 1 - 7					

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	12	0	12
Number of Patients Treated	27	25	27	25	30	0	26

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 57 In-Center Treatments in calendar year: 8,266 (Beginning patients) Number of Missed Treatments: 683
Patients treated as of 12/31/2013: 4 Average Daily Treatments: 4 Average Treatment Time (min): 210.0

Total Unduplicated patients 86 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

Recovered patients: **New Patients:** 33 0 Treatment Capacity/year (based on Stations): 16,848 **Transient Patients:** 2 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 49% 2 Patients Re-Started: Patients transferred out: 13 Use Rate (including Missed Treatments): 53% **Post-Transplant Patien** 0 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 53% Total: 37 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 55% Patients deceased: 9 **Renal Network Use Rate:** 55% Total: 26

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	74.4%	19.5%	6.1%	0.0%	0.0%	100.0%	0.0%
Patient	61	16	5	0	0	82	0
1/1/2013 to 12/31/2013	94.8%	1.2%	3.4%	0.0%	0.6%	100.0%	0.0%
Net Revenue	\$15,956,572	\$200,959	\$578,027	\$0	\$93,835	\$16,829,392	\$1,555
Patients by Age and Sex			Patients by Rac	<u>:e</u>	<u>Pa</u>	tients by Ethnicit	¥

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	84
15-44 yr	5	4	9	Black/ African American :	58	Unknown Ethnicity Patients	1
45-64 yr	22	15	37	Hawaiian /Pacific Islande	2	TOTAL:	86
65-74 yr	12	13	25	White:	24		
75 < yrs	11	4	15	Unknown:	2		
Total	50	36	86	TOTAL:	86		

Ownership, Management and General Information

Name: Davita - Dixon Kidney Center
Address: 1131 North Galena Avenue

City: Dixon
County: Lee
HSA: 1
Medicare ID: 14-2651

Legal Entity Operator:

Renal Treatment Centers - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Stenstrom Real Estate Development Company

Other Ownership:

Medical Director Name: Dr. Charles Sweeney Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>	
Authorized Stations as of 12/31/2013:	8	Full-Time Work Week:	40
Certified Stations by CMS:	8	Regsitered Nurse :	1
Peak Authorized Stations Operated:	8	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	8	13	8	13	8	0	13	
Number of Patients Treated	8	15	7	16	7	0	16	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 25 In-Center Treatments in calendar year: 3,749 (Beginning patients) Number of Missed Treatments: 0
Patients treated as of 12/31/2013: 25 Average Daily Treatments: 4
(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 50 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
---------------------------	------------------------	---------------------------

ABBITIONS to the 17to	<u> </u>			<u> </u>	
New Patients:	15	Recovered patients:	0	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	9	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	50%
Patients Re-Started:	1	Patients transferred out:	11	Use Rate (including Missed Treatments):	50%
Post-Transplant Patien	1	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	52%
Total:	26	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	52%
		Patients deceased:	4	Renal Network Use Rate:	52%
		Total:	19		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	82.0%	4.0%	6.0%	0.0%	8.0%	100.0%	0.0%
Patient	41	2	3	0	4	50	0
1/1/2013 to 12/31/2013	71.8%	3.4%	22.7%	0.0%	2.0%	100.0%	0.0%
Net Revenue	\$872,391	\$41,884	\$275,984	\$0	\$24,833	\$1,215,093	\$0
		I			_		

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	5
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	45
15-44 yr	3	0	3	Black/ African American :	4	Unknown Ethnicity Patients	0
45-64 yr	15	5	20	Hawaiian /Pacific Islande	0	TOTAL:	50
65-74 yr	4	9	13	White:	41		
75 < yrs	8	6	14	Unknown:	5		
Total	30	20	50	TOTAL:	50		

Ownership, Management and General Information

DaVita - Freeport Dialysis Unit Name:

1028 Kunkle Avenue Address:

Freeport City: County:

HSA. Medicare ID: 14-2642

Stephenson

Legal Entity Operator:

Renal Treatment Centers-Illinois, Inc.

0

Legal Entity Owner:

For Profit Corporation Ownership Type: **Property Owner:** Edmund & Siham Totah

Other Ownership:

Medical Director Name: Dr. John Maynard **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	10	Full-Time Work Week:	40	
Certified Stations by CMS:	10	Regsitered Nurse :	1	
Peak Authorized Stations Operated:	10	Dialysis Technician :	3	
Authorized Stations Setup and Staffed in Oct 1-7:	10	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	

Other Non-Health:

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	6	12	6	12	6	0	12	
Number of Patients Treated	6	16	6	17	5	0	17	

Facility Utilization Information

Facility Reported Treatment Information Facility Reported Patient Information

Patients treated as of 1/1/2013: 63 In-Center Treatments in calendar year: 4.196 (Beginning patients) **Number of Missed Treatments:** 171 **Average Daily Treatments:** Patients treated as of 12/31/2013: 29 (Ending patients) **Average Treatment Time (min):** 240.0

Total Unduplicated patients 85 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients: 14 Recovered patients: 0 Treatment Capacity/year (based on Stations): 9,360 **Transient Patients:** 30 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 45% Patients Re-Started: 1 Patients transferred out: 70 Use Rate (including Missed Treatments): 47% **Post-Transplant Patien** 1 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 105% Total: 46 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 48% Patients deceased: 6 **Renal Network Use Rate:** 48% Total: 80

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	85.9%	7.1%	5.9%	0.0%	1.2%	100.0%	0.0%
Patient	73	6	5	0	1	85	0
1/1/2013 to 12/31/2013	87.9%	4.4%	4.6%	0.0%	3.1%	100.0%	0.0%
Net Revenue	\$722,140	\$36,272	\$37,990	\$0	\$25,192	\$821,594	\$0
Patients by Age	and Sex		Patients by Race	<u>2</u>	<u>Pati</u>	ents by Ethnicity	!
CE CPOLIDS MALE I	EEMALE TOT	Al Acian	Dationts:	0	Hispania Latina	Dationte:	0

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	8	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	77	
15-44 yr	6	3	9	Black/ African American :	31	Unknown Ethnicity Patients	0	
45-64 yr	18	11	29	Hawaiian /Pacific Islande	0	TOTAL:	85	
65-74 yr	9	13	22	White:	53			
75 < yrs	10	15	25	Unknown:	0			
Total	43	42	85	TOTAL:	85			

Ownership, Management and General Information

Name: DaVita - Lake County Dialysis Ctr Address: 565 Lakeview Pkwy STE176

City: Vernon Hills
County: Lake
HSA: 8
Medicare ID: 14-2552

Legal Entity Operator:

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Globe Corporation

Total Renal Care, Inc.

Other Ownership:

Medical Director Name: Donald Steinmuller Provides Incenter Noctural Dialysis: ✓

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Regsitered Nurse :	3
Peak Authorized Stations Operated:	16	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7 **Date of Operation** Oct 1 Oct 2 Oct 3 Oct 4 Oct 5 Oct 6 Oct 7 Hours operated 17 18.5 17 18.5 17 0 18.5 **Number of Patients Treated** 34 28 0 43 44 34 48

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 83 In-Center Treatments in calendar year: 12,273 (Beginning patients) Number of Missed Treatments: 1,062
Patients treated as of 12/31/2013: 72 Average Daily Treatments: 4236.0

Total Unduplicated patients 143 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY LISE RATE for the FACILITY

ADDITIONS to the FACILITY		LOSSES to the LACIETT		OSE RATE TOT THE FACILITY				
New Patients:	37	Recovered patients:	3	Treatment Capacity/year (based on Stations):	14,976			
Transient Patients:	20	Transplant Recipients:	6	Use Rate (Treatments/Treatment capacity):	82%			
Patients Re-Started:	0	Patients transferred out:	41	Use Rate (including Missed Treatments):	89%			
Post-Transplant Patien	3	Patients voluntarily discontinued	7	Use Rate (Begining patients treated):	86%			
Total:	60	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	75%			
		Patients deceased:	14	Renal Network Use Rate:	75%			
		Total:	71					

Patients and Net Revenue by Payor Source

				<u>r anomo</u>	and not november by i	ayor course					
		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care		
		78.	.9%	3.5%	14.8%	0.0%	2.8%	100.0%	0.7%		
Patient			112	5	21	0	4	142	1		
1/1/2013 to	12/31/2013	49.	.2%	1.5%	44.3%	0.0%	5.1%	100.0%	0.7%		
Net Revenue		\$1,954,51	9 \$5	7,602	\$1,758,837	\$0	\$201,588	\$3,972,546	\$26,993		
Pat	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	<u></u>		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Asian Patients:		Asian Patients: 4		Hispanic Latino	Patients:	25
<14 yrs	0	0	0	Native American/ Indian:		0	Non-Hispanic L	atino Patien	118		

<u>Pat</u>	<u>tients by Aq</u>	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	25	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	118	
15-44 yr	11	7	18	Black/ African American :	28	Unknown Ethnicity Patients	0	
45-64 yr	26	18	44	Hawaiian /Pacific Islande	1	TOTAL:	143	
65-74 yr	28	17	45	White:	85			
75 < yrs	22	14	36	Unknown:	25			
Total	87	56	143	TOTAL:	143			

Ownership, Management and General Information

DaVita - Lincoln Park Dialysis Center Name:

3157 N. Lincoln Avenue Address:

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2528 **Legal Entity Operator:**

LINCOLN PARK DIALYSIS SERVICE, INC

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Imperial Realty

Other Ownership:

Medical Director Name: MELVIN K. ROSEMAN **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	22	Full-Time Work Week:	0
Certified Stations by CMS:	22	Regsitered Nurse :	3
Peak Authorized Stations Operated:	22	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	22	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	14	14	14	14	0	14	
Number of Patients Treated	43	46	43	52	43	0	50	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 105 13,545 (Beginning patients) **Number of Missed Treatments:** 728

Average Daily Treatments: Patients treated as of 12/31/2013: 100

(Ending patients) **Average Treatment Time (min):** 270.0

Total Unduplicated patients 170 treated in calendar year:

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY			
New Patients:	39	Recovered patients:	0	Treatment Capacity/year (based on Stations):	20,592		
Transient Patients:	33	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	66%		
Patients Re-Started:	0	Patients transferred out:	53	Use Rate (including Missed Treatments):	69%		
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	80%		
Total:	73	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	76%		
		Patients deceased:	17	Renal Network Use Rate:	76%		
		Total:	75				

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	78.8%	17.0%	2.4%	0.0%	1.8%	100.0%	3.0%
Patient	130	28	4	0	3	165	5
1/1/2013 to 12/31/2013	74.9%	14.2%	8.0%	1.9%	0.9%	100.0%	1.9%
Net Revenue	\$2,407,200	\$457,303	\$257,403	\$61,314	\$29,034	\$3,212,255	\$61,314
Patients by Age	and Sex		Patients by Rac	<u>e</u>	Par	tients by Ethnicit	у

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	13	Hispanic Latino Patients:	35
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	135
15-44 yr	14	7	21	Black/ African American :	75	Unknown Ethnicity Patients	0
45-64 yr	43	33	76	Hawaiian /Pacific Islande	4	TOTAL:	170
65-74 yr	25	19	44	White:	77		
75 < yrs	14	15	29	Unknown:	1		
Total	96	74	170	TOTAL:	170		

Ownership, Management and General Information

DaVita - Little Village Dialysis Name:

2335 W. Cermak Road Address: Chicago

Cook County: HSA: 6 **Medicare ID:** 14-2668

City:

Legal Entity Operator:

Legal Entity Owner:

For Profit Corporation

Total Renal Care

Ownership Type: **Property Owner:** Crystal Realty Company

Other Ownership:

Medical Director Name: Dr. Ogbonnaya Aneziokoro

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Provides Incenter Noctural Dialysis:

STATION INFORMATION			FACILITY	STAFFING	- FULL TIM	IE EQUIVAL	<u>ENT</u>
Authorized Stations as of 12/31/2013:	16		Full-Time Work Week:				40
Certified Stations by CMS:	16		Regsitered Nurse :				2
Peak Authorized Stations Operated:	16		Dialysis	Technician	:		7
Authorized Stations Setup and Staffed in Oct 1-7:	16		Dieticiar	1 :			1
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				1
(subset of authorized stations)			LPN:			0	
Number of Shifts Operated per day			Other Health :				0
			Other No	on-Health:			2
<u>Dialysis Station Ut</u>	ilization for th	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 14	14	14	14	14	0	14	

43

Facility Utilization Information

Facility Reported Patient Information

Number of Patients Treated

Facility Reported Treatment Information

0

41

47

Patients treated as of 1/1/2013: 94 In-Center Treatments in calendar year: 14.082 (Beginning patients) **Number of Missed Treatments:** 111

44

Average Daily Treatments: Patients treated as of 12/31/2013: 94

44

(Ending patients) **Average Treatment Time (min):** 210.0

Total Unduplicated patients 123 treated in calendar year:

Total:

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: 25 Recovered patients: 0 Treatment Capacity/year (based on Stations): 14,976 Use Rate (Treatments/Treatment capacity): **Transient Patients:** 4 **Transplant Recipients:** 3 94% Patients Re-Started: 1 Patients transferred out: 15 Use Rate (including Missed Treatments): 95% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 98% Total: 30 Patients lost to follow up: 1 Use Rate (Year end Patients/Stations*6): 98% Patients deceased: 7 **Renal Network Use Rate:** 98%

26

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	71.9%	24.8%	2.5%	0.0%	0.8%	100.0%	1.7%
Patient	87	30	3	0	1	121	2
1/1/2013 to 12/31/2013	51.7%	18.4%	25.4%	0.0%	4.5%	100.0%	2.7%
Net Revenue	\$1,834,637	\$653,167	\$902,547	\$0	\$159,035	\$3,549,385	\$97,401
Patients by Age	and Sex		Patients by Race	2	<u>Pat</u>	ients by Ethnicity	!
GE GROUPS MALE	FEMALE TO	TΔI Δsian	Patients:	1	Hispanic Latino	Patients:	96

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	96
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	27
15-44 yr	12	11	23	Black/ African American :	23	Unknown Ethnicity Patients	0
45-64 yr	41	21	62	Hawaiian /Pacific Islande	0	TOTAL:	123
65-74 yr	12	16	28	White:	99		
75 < yrs	6	4	10	Unknown:	0		
Total	71	52	123	TOTAL:	123		

Ownership, Management and General Information

DaVita - Logan Square Dialysis Name:

2659 North Milwaukee Address:

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2534

Legal Entity Operator:

Total Renal Care, Inc.

Legal Entity Owner:

Ownership Type: Limited Liability Company CSD Kimball LLC

Property Owner: Other Ownership:

Medical Director Name: Dr. Kap No

Provides Incenter Noctural Dialysis:

STATION INFORMATION			FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2013:	28	3	Full-Tim	e Work Wee	k:		40
Certified Stations by CMS:	28	3	Regsite	red Nurse :			3
Peak Authorized Stations Operated:	28	3	Dialysis	Technician	:		9
Authorized Stations Setup and Staffed in Oct 1-7:	20)	Dieticia	n :			1
Isolation Stations Set up in Oct 1-7:		1	Social Worker:				1
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other Health :				1
			Other N	on-Health:			4
<u>Dialysis Station</u>	n Utilization f	or the Week of	Oct 1 - 7				
Date of Operation Oct	t 1 Oct	2 Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hauma amamatasi	4.4	4 44	4.4	4.4	•	4.4	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	14	14	14	14	0	14
Number of Patients Treated	54	53	55	55	54	0	55

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2013: 112 (Beginning patients)

Patients treated as of 12/31/2013: (Ending patients)

Total Unduplicated patients treated in calendar year:

119 175

Facility Reported Treatment Information

In-Center Treatments in calendar year: 16,581 **Number of Missed Treatments:** 662

Average Daily Treatments:

Average Treatment Time (min): 210.0

LOSSES to the FACILITY ADDITIONS to the FACILITY

New Patients: 48 **Transient Patients:** 17 Patients Re-Started: 0 **Post-Transplant Patien** 0 Total: 65

Recovered patients: **Transplant Recipients:** Patients transferred out: Patients voluntarily discontinued Patients lost to follow up: Patients deceased: Total:

USE RATE for the FACILITY Treatment Capacity/year (based on Stations):

26,208

Use Rate (Treatments/Treatment capacity): 63% Use Rate (including Missed Treatments): 66% Use Rate (Begining patients treated): 67% Use Rate (Year end Patients/Stations*6): 71% **Renal Network Use Rate:** 71%

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	65.7%	25.9%	8.4%	0.0%	0.0%	100.0%	3.6%
Patient	109	43	14	0	0	166	6
1/1/2013 to 12/31/2013	54.9% \$2.210.582	18.3%	26.1% \$1.054.353	0.0%	0.8%	100.0%	2.6%
Net Revenue	\$2,219,582	\$740,029	\$1,054,353	\$0	\$30,817	\$4,044,780	\$105,635

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	6	Hispanic Latino Patients:	120
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	55
15-44 yr	24	9	33	Black/ African American :	30	Unknown Ethnicity Patients	0
45-64 yr	45	28	73	Hawaiian /Pacific Islande	3	TOTAL:	175
65-74 yr	28	15	43	White:	136		
75 < yrs	11	15	26	Unknown:	0		
Total	108	67	175	TOTAL:	175		

Ownership, Management and General Information

DaVita - Macon County Name: 1090 West McKinley Avenue Address:

Decatur City: Macon County: HSA: Medicare ID: 14-2584 **Legal Entity Operator:**

DVA Renal Healthcare, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** DVA Renal Healthcare, Inc.

Other Ownership:

Medical Director Name: Mohammad Hasnain **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY ST	TAFFING - FULL TIM	IE EQUIVALENT
Authorized Stations as of 12/31/2013:	23	Full-Time W	/ork Week:	40
Certified Stations by CMS:	23	Regsitered	Nurse :	5
Peak Authorized Stations Operated:	23	Dialysis Ted	chnician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	23	Dietician :		0
Isolation Stations Set up in Oct 1-7:	0	Social Work	ker:	0
(subset of authorized stations)		LPN:		0
Number of Shifts Operated per day		Other Healt	h :	1
		Other Non-l	Health:	3
<u>Dialysis Station U</u>	tilization for th	e Week of Oct 1 - 7		
Date of Operation Oct 1	Oct 2	Oct 3 Oct 4	Oct 5 Oct 6	Oct 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	10	10	10	10	10	0	10	
Number of Patients Treated	35	38	37	40	35	0	41	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 86 12,151 (Beginning patients) **Number of Missed Treatments:** 397 **Average Daily Treatments:** Patients treated as of 12/31/2013: 74

(Ending patients) **Average Treatment Time (min):** 270.0

Total Unduplicated patients 129 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
---------------------------	------------------------	---------------------------

ADDITIONO LO LITO I ALO	<u></u>			002 11/112 101 1110 171012111	
New Patients:	32	Recovered patients:	2	Treatment Capacity/year (based on Stations):	21,528
Transient Patients:	9	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	56%
Patients Re-Started:	2	Patients transferred out:	26	Use Rate (including Missed Treatments):	58%
Post-Transplant Patien	0	Patients voluntarily discontinued	9	Use Rate (Begining patients treated):	62%
Total:	43	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	54%
		Patients deceased:	13	Renal Network Use Rate:	54%
		Total:	53		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	85.8%	10.2%	3.1%	0.0%	0.8%	100.0%	1.6%
Patient	109	13	4	0	1	127	2
1/1/2013 to 12/31/2013	57.6%	3.0%	33.9%	0.0%	5.5%	100.0%	0.5%
Net Revenue	\$1,932,074	\$99,848	\$1,137,116	\$0	\$183,018	\$3,352,056	\$17,035
Patients by Age	and Say		Dationts by Pace	.	Dat	ients by Ethnicit	N.

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	129
15-44 yr	9	6	15	Black/ African American :	53	Unknown Ethnicity Patients	0
45-64 yr	23	24	47	Hawaiian /Pacific Islande	1	TOTAL:	129
65-74 yr	22	15	37	White:	75		
75 < yrs	15	15	30	Unknown:	0		
Total	69	60	129	TOTAL:	129		

Ownership, Management and General Information

DaVita - Monteclare Dialysis Center Name:

7009 West Belmont Address:

14-2649

City: Cook County: HSA: 6

Medicare ID:

Legal Entity Owner: Chicago

Ownership Type: For Profit Corporation **Property Owner:** Robert Olsen and Gladys Olsen

Total Renal Care, Inc.

Other Ownership:

Legal Entity Operator:

Medical Director Name: Dr. Kenneth Kuznetsky **Provides Incenter Noctural Dialysis:**

43

35

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43

STATION INFORMATION			FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2013:	16		Full-Time Work Week:				40
Certified Stations by CMS:	16		Regsiter	ed Nurse :			4
Peak Authorized Stations Operated:	16		Dialysis	Technician	:		8
Authorized Stations Setup and Staffed in Oct 1-7:	16		Dietician :				1
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				1
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other Health :				2
			Other No	on-Health:			1
<u>Dialysis Station Ut</u>	ilization for th	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 14	14	14	14	14	0	14	

35

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 91 In-Center Treatments in calendar year: 12.765 (Beginning patients) **Number of Missed Treatments:** 493

44

Average Daily Treatments: Patients treated as of 12/31/2013: 87

37

(Ending patients) **Average Treatment Time (min):** 192.0

Total Unduplicated patients 147

Number of Patients Treated

treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

Recovered patients: **New Patients:** 35 1 Treatment Capacity/year (based on Stations): 14,976 21 Use Rate (Treatments/Treatment capacity): **Transient Patients: Transplant Recipients:** 4 85% Patients Re-Started: 0 Patients transferred out: 28 Use Rate (including Missed Treatments): 89% **Post-Transplant Patien** 4 Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 95% Total: 60 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 91% Patients deceased: 7 **Renal Network Use Rate:** 91% Total: 43

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	74.1%	10.1%	12.9%	0.0%	2.9%	100.0%	5.8%
Patient	103	14	18	0	4	139	8
1/1/2013 to 12/31/2013	40.9%	6.8%	48.4%	0.0%	3.9%	100.0%	4.6%
Net Revenue	\$1,673,052	\$278,618	\$1,982,685	\$0	\$158,911	\$4,093,266	\$187,813
Patients by Age	and Sex	ĺ	Patients by Race		Pat	ients by Ethnicit	v

<u>Pat</u>	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	7	Hispanic Latino Patients:	48
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	99
15-44 yr	16	12	28	Black/ African American :	39	Unknown Ethnicity Patients	0
45-64 yr	38	23	61	Hawaiian /Pacific Islande	2	TOTAL:	147
65-74 yr	14	17	31	White:	99		
75 < yrs	14	13	27	Unknown:	0		
Total	82	65	147	TOTAL:	147		

Ownership, Management and General Information

Name: DaVita - Schaumburg Renal Center

Address: 1156 South Roselle Road

Facility Utilization Information

City: Schaumburg
County: Cook
HSA: 7
Medicare ID: 14-2654

Legal Entity Operator:

ISD Schaumburg, LLC fka DSI Schaumburg, LLC

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Targo Management Inc.

Other Ownership:

Medical Director Name: Dr. Vincent Disilvestro
Provides Incenter Noctural Dialysis:

39

31

0

35

STATION INFORMATION				FACILITY	STAFFING	- FULL TIM	E EQUIVALI	<u>ENT</u>
Authorized Stations as of 12/31/2013:		20		Full-Time Work Week:				40
Certified Stations by CMS:		20		Regsiter	ed Nurse :			4
Peak Authorized Stations Operated:		16		Dialysis	Technician	:		7
Authorized Stations Setup and Staffed in Oct 1-7:		20		Dietician :				1
Isolation Stations Set up in Oct 1-7:		1		Social Worker:				1
(subset of authorized stations)				LPN:				0
Number of Shifts Operated per day				Other Health :				0
				Other No	on-Health:			2
Dialysis Station Utilization for the Week of Oct 1 - 7								
Date of Operation Oc	ct 1 Oc	t 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 1	13.5	4.5	13.5	14.5	13.5	0	14.5	

28

Number of Patients Treated 31

Facility Reported Patient Information	Facility Reported Treatment Information
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35

Patients treated as of 1/1/2013: 72 In-Center Treatments in calendar year: 10,359 (Beginning patients) Number of Missed Treatments: 128
Patients treated as of 12/31/2013: 73 Average Daily Treatments: 4210.0

Total Unduplicated patients 133

treated in calendar year:

ADDITIONS to the FAC	:ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	31	Recovered patients:	2	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	28	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	55%
Patients Re-Started:	3	Patients transferred out:	44	Use Rate (including Missed Treatments):	56%
Post-Transplant Patien	0	Patients voluntarily discontinued	5	Use Rate (Begining patients treated):	60%
Total:	62	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	61%
		Patients deceased:	7	Renal Network Use Rate:	61%
		Total:	63		

Patients and Net Revenue by Payor Source

		Medica	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		76.	3%	6.1%	14.5%	1.5%	1.5%	100.0%	1.5%
Patient		1	00	8	19	2	2	131	2
1/1/2013 to	12/31/2013	50.0	0%	3.3%	40.2%	1.6%	4.9%	100.0%	1.6%
Net Revenue		\$1,663,32	3 \$10	8,732	\$1,336,556	\$54,712	\$161,308	\$3,324,637	\$54,712
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicit	¥
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	21	Hispanic Latino	Patients:	19
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	114
15-44 yr	13	6	19	Black	/ African American :	15	Unknown Ethnic	city Patients	0

<u>1 41</u>	ICIIIO DY AU	e and Sex		i atients by Nace	i atients by Nace		i attents by Ethincity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	21	Hispanic Latino Patients:	19	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	114	
15-44 yr	13	6	19	Black/ African American :	15	Unknown Ethnicity Patients	0	
45-64 yr	22	18	40	Hawaiian /Pacific Islande	0	TOTAL:	133	
65-74 yr	17	14	31	White:	97			
75 < yrs	23	20	43	Unknown:	0			
Total	75	58	133	TOTAL:	133			

Ownership, Management and General Information

DaVita - Springfield Central Name: 932 North Rutledge Street Address:

Springfield City: County:

HSA: 3 **Medicare ID:**

Sangamon

14-2586

Legal Entity Operator: DaVita, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Memorial Medical Center

Other Ownership:

Medical Director Name: Ashraf Tamizuddin, MD **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2013:	21	Full-Time Work Week:	32
Certified Stations by CMS:	21	Regsitered Nurse :	3
Peak Authorized Stations Operated:	21	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	21	Dietician :	1
Isolation Stations Set up in Oct 1-7:	21	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10.5	14	10.5	14	10.5	0	14
Number of Patients Treated	26	45	23	48	23	0	48

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 80 11,179 (Beginning patients) **Number of Missed Treatments:** 895 **Average Daily Treatments:** Patients treated as of 12/31/2013: 79 (Ending patients) **Average Treatment Time (min):** 216.0

Total Unduplicated patients 114

treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY **USE RATE for the FACILITY**

ABBITIONS to the 17to	<u></u>			002 11/112 101 1110 1710 1211 1	
New Patients:	17	Recovered patients:	1	Treatment Capacity/year (based on Stations):	19,656
Transient Patients:	18	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	57%
Patients Re-Started:	0	Patients transferred out:	12	Use Rate (including Missed Treatments):	61%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	63%
Total:	36	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	63%
		Patients deceased:	20	Renal Network Use Rate:	63%
		Total:	35		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	69.6%	9.8%	17.9%	0.0%	2.7%	100.0%	1.8%
Patient	78	11	20	0	3	112	2
1/1/2013 to 12/31/2013	63.2%	4.9%	25.1%	0.0%	6.8%	100.0%	0.2%
Net Revenue	\$1,859,773	\$145,524	\$739,264	\$0	\$199,372	\$2,943,934	\$5,015

<u>Pat</u>	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	114
15-44 yr	6	6	12	Black/ African American :	45	Unknown Ethnicity Patients	0
45-64 yr	28	17	45	Hawaiian /Pacific Islande	1	TOTAL:	114
65-74 yr	13	14	27	White:	68		
75 < yrs	19	11	30	Unknown:	0		
Total	66	48	114	TOTAL:	114		

Ownership, Management and General Information

DaVIta - Stony Creek Name: 9115 S. Cicero Address:

Oak Lawn City: Cook

County: HSA: Medicare ID: 14-2661 **Legal Entity Operator:**

Renal Life Link

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Ali Kutom

Other Ownership:

Medical Director Name: James Rydel **Provides Incenter Noctural Dialysis:**

<u>FACILITY STAFFING - FULL TIME EC</u>	<u>QUIVALENT</u>
Full-Time Work Week:	40
Regsitered Nurse :	3
Dialysis Technician :	7
Dietician :	1
Social Worker:	1
LPN:	0
Other Health :	0
	Full-Time Work Week: Regsitered Nurse: Dialysis Technician: Dietician: Social Worker: LPN:

0 Other Health: Other Non-Health: 2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	16	16	16	
Number of Patients Treated	31	34	33	34	30	0	33	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 70 10,122 (Beginning patients) **Number of Missed Treatments:** 798 **Average Daily Treatments:** Patients treated as of 12/31/2013:

64 (Ending patients) **Average Treatment Time (min):** 210.0

LOSSES to the EACH ITY

Total Unduplicated patients 88 treated in calendar year:

ADDITIONS to the EACH ITY

LICE DATE to the EACH ITY

ADDITIONS to the FAC	<u>JILII Y</u>	LUSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	46	Recovered patients:	3	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	7	Transplant Recipients:	6	Use Rate (Treatments/Treatment capacity):	90%
Patients Re-Started:	0	Patients transferred out:	10	Use Rate (including Missed Treatments):	97%
Post-Transplant Patien	2	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	97%
Total:	55	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	89%
		Patients deceased:	9	Renal Network Use Rate:	89%
		Total:	32		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	69.0%	9.2%	14.9%	0.0%	6.9%	100.0%	1.1%
Patient	60	8	13	0	6	87	1
1/1/2013 to 12/31/2013	46.8%	3.7%	45.2%	0.0%	4.2%	100.0%	0.2%
Net Revenue	\$1,601,622	\$126,440	\$1,545,829	\$0	\$145,121	\$3,419,011	\$6,071
				1			

Pat	tients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	19
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	69
15-44 yr	2	2	4	Black/ African American :	21	Unknown Ethnicity Patients	0
45-64 yr	23	13	36	Hawaiian /Pacific Islande	0	TOTAL:	88
65-74 yr	13	12	25	White:	46		
75 < yrs	12	11	23	Unknown:	20		
Total	50	38	88	TOTAL:	88		

Ownership, Management and General Information

Name: Davita - Sycamore Address: 2200 Gateway Drive

City: Sycamore
County: DeKalb
HSA: 1
Medicare ID: 14-2639

Legal Entity Operator:

Dialysis of Northern Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: Total Renal Care, Inc

Other Ownership:

Medical Director Name: Michael Robertson Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME E	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	0
Certified Stations by CMS:	12	Regsitered Nurse :	2
Peak Authorized Stations Operated:	12	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14.5	14	14.5	14	14.5	0	14
Number of Patients Treated	29	29	28	31	27	0	35

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 57 In-Center Treatments in calendar year: 9,481 (Beginning patients) Number of Missed Treatments: 0
Patients treated as of 12/31/2013: 51 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 230.0

Total Unduplicated patients 115 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	54	Recovered patients:	2	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	12	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	84%
Patients Re-Started:	6	Patients transferred out:	0	Use Rate (including Missed Treatments):	84%
Post-Transplant Patien	1	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	79%
Total:	73	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	71%
		Patients deceased:	8	Renal Network Use Rate:	71%
		Total:	15		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	50.4%	29.2%	11.5%	2.7%	6.2%	100.0%	1.8%
Patient	57	33	13	3	7	113	2
1/1/2013 to 12/31/2013	40.6%	2.1%	55.2%	0.4%	1.7%	100.0%	0.4%
Net Revenue	\$1,597,566	\$84,137	\$2,175,441	\$14,107	\$67,159	\$3,938,410	\$14,107

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	6
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	109
15-44 yr	29	19	48	Black/ African American :	31	Unknown Ethnicity Patients	0
45-64 yr	22	23	45	Hawaiian /Pacific Islande	0	TOTAL:	115
65-74 yr	9	13	22	White:	84		
75 < yrs	0	0	0	Unknown:	0		
Total	60	55	115	TOTAL:	115		

Ownership, Management and General Information

Davita - Whiteside Dialysis Name: 2600 North Locust Street Address:

Sterling City: Whiteside County:

HSA: Medicare ID: 14-2648 **Legal Entity Operator:** Whiteside Dialysis

Legal Entity Owner:

For Profit Corporation **CGH Medical Center**

Property Owner: Other Ownership:

Ownership Type:

Medical Director Name: Deane Charba **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	15	Full-Time Work Week:	64
Certified Stations by CMS:	15	Regsitered Nurse :	3
Peak Authorized Stations Operated:	15	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	15	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	16	12	16	12	0	16
Number of Patients Treated	22	36	21	37	22	0	38

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 60 9,193 (Beginning patients) **Number of Missed Treatments:** 19

Average Daily Treatments: Patients treated as of 12/31/2013: 57 (Ending patients) **Average Treatment Time (min):** 255.0

Total Unduplicated patients 93

treated in calendar year:

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY		
New Patients:	22	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,040	
Transient Patients:	11	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	65%	
Patients Re-Started:	2	Patients transferred out:	22	Use Rate (including Missed Treatments):	66%	
Post-Transplant Patien	1	Patients voluntarily discontinued	7	Use Rate (Begining patients treated):	67%	
Total:	36	Patients lost to follow up:	9	Use Rate (Year end Patients/Stations*6):	63%	
		Patients deceased:	10	Renal Network Use Rate:	63%	
		Total:	50			

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	79.3%	7.6%	6.5%	1.1%	5.4%	100.0%	1.1%
Patient	73	7	6	1	5	92	1
1/1/2013 to 12/31/2013	51.7%	5.5%	36.9%	0.6%	5.3%	100.0%	0.6%
Net Revenue	\$1,343,262	\$143,959	\$957,502	\$14,455	\$138,461	\$2,597,640	\$14,455
Patients by Age	and Sev	ĺ	Patients by Race	9	Pat	ients by Ethnicit	W

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	17
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	76
15-44 yr	2	4	6	Black/ African American :	3	Unknown Ethnicity Patients	0
45-64 yr	12	12	24	Hawaiian /Pacific Islande	0	TOTAL:	93
65-74 yr	24	13	37	White:	72		
75 < yrs	10	16	26	Unknown:	17		
Total	48	45	93	TOTAL:	93		

Ownership, Management and General Information

DaVita Emerald Dialysis Name: 710 West 43rd Street Address:

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2529 **Legal Entity Operator:**

Total Renal Care, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** J&D Property Venture

Other Ownership:

Medical Director Name: Edwin Cook **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	40	
Certified Stations by CMS:	24	Regsitered Nurse :	6	
Peak Authorized Stations Operated:	24	Dialysis Technician :	15	
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	2	
		Other Non-Health:	3	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	16	0	16	
Number of Patients Treated	48	62	48	64	50	0	62	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

17,701 Patients treated as of 1/1/2013: 121 In-Center Treatments in calendar year: (Beginning patients) **Number of Missed Treatments:** 827 **Average Daily Treatments:** Patients treated as of 12/31/2013:

124 (Ending patients) **Average Treatment Time (min):** 218.0

Total Unduplicated patients 132 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients: 13 Recovered patients: 0 Treatment Capacity/year (based on Stations): 22,464 27 **Transient Patients: Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 79% Patients Re-Started: 2 Patients transferred out: 29 Use Rate (including Missed Treatments): 82% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 84% Total: 42 Patients lost to follow up: 2 Use Rate (Year end Patients/Stations*6): 86% Patients deceased: 9 **Renal Network Use Rate:** 86% Total: 43

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	64.3%	30.2%	3.2%	0.0%	2.4%	100.0%	4.8%
Patient	81	38	4	0	3	126	6
1/1/2013 to 12/31/2013	71.2%	16.0%	9.5%	0.0%	3.4%	100.0%	1.4%
Net Revenue	\$2,802,117	\$630,241	\$372,543	\$0	\$132,588	\$3,937,490	\$56,184
Patients by Age	and Sev	ĺ	Patients by Race	. 1	Pat	ients by Ethnicit	W

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	16	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	116	
15-44 yr	26	7	33	Black/ African American :	109	Unknown Ethnicity Patients	0	
45-64 yr	45	22	67	Hawaiian /Pacific Islande	0	TOTAL:	132	
65-74 yr	9	12	21	White:	23			
75 < yrs	3	8	11	Unknown:	0			
Total	83	49	132	TOTAL:	132			

Ownership, Management and General Information

Name: Davita Morris Dialysis Center

Address: 1551 Creek Drive

City: Morris County: Grundy HSA: 9 Medicare ID: 14-2740 Legal Entity Operator:

Total Renal Care Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation Property Owner: Dr. Keith Jaeschke

Other Ownership:

Medical Director Name: Teresa Kravets, MD Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQ	UIVALENI
40/04/0040-	0	Full Time Mant Mach	^

Authorized Stations as of 12/31/2013: 6 **Full-Time Work Week: Certified Stations by CMS:** 9 Regsitered Nurse: 2 **Peak Authorized Stations Operated:** 9 Dialysis Technician: 4 Authorized Stations Setup and Staffed in Oct 1-7: 9 Dietician: 0 Isolation Stations Set up in Oct 1-7: 9 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	11	12	11	12	11	0
Number of Patients Treated	17	17	14	19	17	20	0

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 31 In-Center Treatments in calendar year: 4,794 (Beginning patients) Number of Missed Treatments: 187
Patients treated as of 12/31/2013: 41 Average Daily Treatments: 4210.0

Total Unduplicated patients 42

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	20	Recovered patients:	3	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	11	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	57%
Patients Re-Started:	1	Patients transferred out:	10	Use Rate (including Missed Treatments):	59%
Post-Transplant Patien	0	Patients voluntarily discontinued	6	Use Rate (Begining patients treated):	57%
Total:	32	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	76%
		Patients deceased:	9	Renal Network Use Rate:	65%
		Total:	28		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	85.0%	2.5%	10.0%	0.0%	2.5%	100.0%	5.0%
Patient	34	1	4	0	1	40	2
1/1/2013 to 12/31/2013	54.9%	18.3%	26.1%	0.0%	0.8%	100.0%	2.6%
Net Revenue	\$2,219,582	\$740,029	\$1,054,353	\$0	\$30,817	\$4,044,780	\$105,635

Pat	ients by Ag	e and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	0	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	42	
15-44 yr	2	0	2	Black/ African American :	2	Unknown Ethnicity Patients	0	
45-64 yr	7	5	12	Hawaiian /Pacific Islande	0	TOTAL:	42	
65-74 yr	7	9	16	White:	39			
75 < yrs	4	8	12	Unknown:	0			
Total	20	22	42	TOTAL:	42			

Ownership, Management and General Information

Name: DaVita Mount Greenwood Dialysis

Address: 3401 W. 111th Street

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2660

Legal Entity Operator:

Renal Treatment Centers of Illinois

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Amvest Realty LTD

Other Ownership:

Medical Director Name: Mohamad Barakat Provides Incenter Noctural Dialysis:

STATION INFORMATION				FACILITY	STAFFING	- FULL TIM	E EQUIVAL	<u>ENT</u>
Authorized Stations as of 12/31/2013:		16		Full-Tim	e Work Wee	ek:		40
Certified Stations by CMS:		16		Regsite	ed Nurse :			3
Peak Authorized Stations Operated:		16		Dialysis	Technician	:		9
Authorized Stations Setup and Staffed in Oct 1-7:		16	Dietician :					1
Isolation Stations Set up in Oct 1-7:		0 Social Worker:				1		
(subset of authorized stations)	(subset of authorized stations)				LPN:			0
Number of Shifts Operated per day				Other Health :				0
				Other No	on-Health:			0
Dialysis Statio	on Utiliz	zation for th	ne Week of	Oct 1 - 7				
Date of Operation O	ct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13.5	15	13.5	15	13.5	0	15	

31

42

34

0

42

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

37

34

Patients treated as of 1/1/2013: 78 In-Center Treatments in calendar year: 11,610 (Beginning patients) Number of Missed Treatments: 693
Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

3.0

Total Unduplicated patients 118 treated in calendar year:

Number of Patients Treated

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY Recovered patients: 3 **New Patients:** 27 Treatment Capacity/year (based on Stations): 14,976 2 Use Rate (Treatments/Treatment capacity): **Transient Patients:** 20 **Transplant Recipients:** 78% Patients Re-Started: 0 Patients transferred out: 20 Use Rate (including Missed Treatments): 82% **Post-Transplant Patien** 0 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 81%

Total:
47 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 86%
Patients deceased: 13 Renal Network Use Rate: 86%
Total: 40

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	69.8%	6.0%	7.8%	0.0%	16.4%	100.0%	1.7%
Patient	81	7	9	0	19	116	2
1/1/2013 to 12/31/2013	78.4%	1.8%	6.7%	0.0%	13.2%	100.0%	0.3%
Net Revenue	\$2,103,658	\$47,716	\$178,599	\$0	\$353,753	\$2,683,726	\$8,260
Patients by Age	and Sov		Patients by Race	. 1	Pat	ients by Ethnicit	v

<u>Pat</u>	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	117	
15-44 yr	9	5	14	Black/ African American :	92	Unknown Ethnicity Patients	0	
45-64 yr	25	22	47	Hawaiian /Pacific Islande	0	TOTAL:	118	
65-74 yr	10	15	25	White:	26			
75 < yrs	15	17	32	Unknown:	0			
Total	59	59	118	TOTAL:	118			

Ownership, Management and General Information

DaVita Olympia Fields Dialysis Center Name:

4557 Lincoln Highway Address:

Matteson City: Cook County: HSA: Medicare ID: 14-2548

Total Renal Care, Inc. **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Joseph Freed & Associates, LLC.

Other Ownership:

Medical Director Name: Don Hollandsworth **Provides Incenter Noctural Dialysis:**

55

42

0

56

STATION INFORMATION				<u>FACILITY STAFFING - FULL 1</u>				
Authorized Stations as of 12/31/2013:		24		Full-Tim	e Work Wee	ek:		40
Certified Stations by CMS:		24		Regsiter	ed Nurse :			5
Peak Authorized Stations Operated:		24		Dialysis	Technician	:		11
Authorized Stations Setup and Staffed in Oct 1-7:		24		Dietician :			1	
Isolation Stations Set up in Oct 1-7:		0 Social Worker:				1		
(subset of authorized stations)	LPN:					0		
Number of Shifts Operated per day				Other Health :			0	0
				Other No	on-Health:			0
Dialysis Station	n Utilizatio	n for th	e Week of	Oct 1 - 7				
Date of Operation Oct	t 1 O	ct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	16	12	16	12	0	16	

42

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

53

Patients treated as of 1/1/2013: 101 In-Center Treatments in calendar year: 15.043 (Beginning patients) **Number of Missed Treatments:** 675

Average Daily Treatments: Patients treated as of 12/31/2013: 107

43

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 163 treated in calendar year:

Number of Patients Treated

LOSSES to the FACILITY ADDITIONS to the FACILITY

USE RATE for the FACILITY Recovered patients: **New Patients:** 45 1 Treatment Capacity/year (based on Stations): 22,464 56 3 Use Rate (Treatments/Treatment capacity): **Transient Patients: Transplant Recipients:** 67% Patients Re-Started: 0 Patients transferred out: 72 Use Rate (including Missed Treatments): 70% **Post-Transplant Patien** 0 Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 70% Total: 101 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 74% Patients deceased: **Renal Network Use Rate:** 74% 11 Total: 88

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	57.9%	8.2%	18.9%	0.0%	15.1%	100.0%	2.5%
Patient	92	13	30	0	24	159	4
1/1/2013 to 12/31/2013	45.0%	5.1%	35.6%	0.0%	14.4%	100.0%	0.0%
Net Revenue	\$2,062,406	\$231,719	\$1,632,164	\$0	\$660,865	\$4,587,153	\$1,936
Patients by Age	and Sex		Patients by Race	2	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS MALE	FEMALE TOT	ΓAL Asian	Patients:	1	Hispanic Latino	Patients:	4

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	4	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	159	
15-44 yr	9	10	19	Black/ African American :	140	Unknown Ethnicity Patients	0	
45-64 yr	32	30	62	Hawaiian /Pacific Islande	0	TOTAL:	163	
65-74 yr	21	14	35	White:	22			
75 < yrs	19	28	47	Unknown:	0			
Total	81	82	163	TOTAL:	163			

STATION INFORMATION

Ownership, Management and General Information

Name: DaVita Red Bud Dialysis
Address: 1500 East Market St.

City: Red Bud County: Randolph

HSA: 5

Medicare ID: 14-0007

Legal Entity Operator:

DaVita Healthcare Partners Inc.

FACILITY STAFFING - FULL TIME EQUIVALENT

180.0

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: DaVita

Other Ownership:

Medical Director Name: Dr. Meher Mallick
Provides Incenter Noctural Dialysis:

Authorized Stations as of 12/31/2013:	8	Full-Time Work Week:	40
Certified Stations by CMS:	0	Regsitered Nurse :	1
Peak Authorized Stations Operated:	1	Dialysis Technician :	0

Peak Authorized St Authorized Stations Setup and Staffed in Oct 1-7: 0 Dietician: 0 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	0	0	0	0	0	0	
Number of Patients Treated	0	0	0	0	0	0	0	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 0 In-Center Treatments in calendar year: 25 (Beginning patients) Number of Missed Treatments: 0 Patients treated as of 12/31/2013: 4 Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Treatment Time (min):

Total Unduplicated patients 1 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	1	Recovered patients:	0	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	0%
Patients Re-Started:	0	Patients transferred out:	0	Use Rate (including Missed Treatments):	0%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	0%
Total:	1	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	2%
		Patients deceased:	0	Renal Network Use Rate:	2%
		Total:	0		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Patient	1	0	0	0	0	1	0
1/1/2013 to 12/31/2013	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$6,209	\$0	\$0	\$0	\$0	\$6,209	\$0

		+-,-		**	**	**	¥0,=00	**	
Par	Patients by Age and Sex			Patients by R	ace	Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino P	atients:	0	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Lat	ino Patien	1	
15-44 yr	0	0	0	Black/ African American	: 0	Unknown Ethnicit	y Patients	0	
45-64 yr	0	0	0	Hawaiian /Pacific Islande	. 0	TOTAL:		1	
65-74 yr	0	0	0	White:	1				
75 < yrs	1	0	1	Unknown :	0				
Total	1	0	1	TOTAL:	1				
				T. Control of the con		1			

Ownership, Management and General Information

Name: DaVita Stony Island Dialysis Address: 8725 S. Stony Island Avenue

14-2718

City: Chicago County: Cook HSA: 6

Medicare ID:

Legal Entity Operator:

Davita Health Care Partners

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: First Western Properties

Other Ownership:

Medical Director Name: Dr. Nicole Stankus
Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2013:	32		Full-Time	e Work Wee	k:	33
Certified Stations by CMS:	24		Regsiter	ed Nurse :		8
Peak Authorized Stations Operated:	24		Dialysis	18		
Authorized Stations Setup and Staffed in Oct 1-7:	24		Dietician	1		
Isolation Stations Set up in Oct 1-7:	0		Social Worker:			1
(subset of authorized stations)			LPN:			0
Number of Shifts Operated per day			Other He	ealth:		2
			Other No	n-Health:		1

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	16	15	16	15	0	16	
Number of Patients Treated	56	65	56	66	59	0	76	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 149 In-Center Treatments in calendar year: 20,942 (Beginning patients) Number of Missed Treatments: 733 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 210.0

Total Unduplicated patients 149 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	39	Recovered patients:	2	Treatment Capacity/year (based on Stations):	29,952
Transient Patients:	0	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	70%
Patients Re-Started:	4	Patients transferred out:	25	Use Rate (including Missed Treatments):	72%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	78%
Total:	43	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	78%
		Patients deceased:	9	Renal Network Use Rate:	78%
		Total:	42		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	72.8%	17.7%	7.5%	0.0%	2.0%	100.0%	1.4%
Patient	107	26	11	0	3	147	2
1/1/2013 to 12/31/2013	55.5%	5.6%	37.1%	0.0%	1.8%	100.0%	0.3%
Net Revenue	\$3,474,967	\$353,601	\$2,319,800	\$0	\$110,292	\$6,258,661	\$17,244
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	¥

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	147
15-44 yr	13	13	26	Black/ African American :	146	Unknown Ethnicity Patients	0
45-64 yr	30	27	57	Hawaiian /Pacific Islande	0	TOTAL:	149
65-74 yr	10	26	36	White:	1		
75 < yrs	10	20	30	Unknown:	2		
Total	63	86	149	TOTAL:	149		

STATION INFORMATION

Ownership, Management and General Information

DaVita Tazewell County Dialysis Name:

1021 Court Street Address:

Pekin City:

Tazewell County:

HSA: 2 Medicare ID: 14-0005 **Legal Entity Operator:** Pekin Dialysis, LLC

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: GP Real Estate Holding LLC, Govindbhai Patel sole

Other Ownership:

Medical Director Name: Ahsan Usman, MD **Provides Incenter Noctural Dialysis:**

Authorized Stations as of 12/31/2013:	6	Full-Time Work Week:	40
Certified Stations by CMS:	0	Regsitered Nurse :	2
Peak Authorized Stations Operated:	6	Dialysis Technician :	1
Authorized Stations Setup and Staffed in Oct 1-7:	1	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0

Other Health: 0 Other Non-Health: 1

FACILITY STAFFING - FULL TIME EQUIVALENT

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	8	8	8	8	0	0	8
Number of Patients Treated	0	1	0	1	0	0	1

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 0 57 (Beginning patients) **Number of Missed Treatments:** 0 **Average Daily Treatments:**

Patients treated as of 12/31/2013: 1 (Ending patients) Average Treatment Time (min): 225.0

Total Unduplicated patients 1 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	1	Recovered patients:	0	Treatment Capacity/year (based on Stations):	5,616
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	1%
Patients Re-Started:	0	Patients transferred out:	0	Use Rate (including Missed Treatments):	1%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	0%
Total:	1	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	3%
		Patients deceased:	0	Renal Network Use Rate:	3%
		Total:	0		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Patient	1	0	0	0	0	1	0
1/1/2013 to 12/31/2013 Net Revenue	<i>100.0%</i> \$46,179	<i>0.0%</i> \$0	<i>0.0%</i> \$0	<i>0.0%</i> \$0	<i>0.0%</i> \$0	100.0% \$46,179	<i>0.0%</i> \$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	1
15-44 yr	0	0	0	Black/ African American :	0	Unknown Ethnicity Patients	0
45-64 yr	0	0	0	Hawaiian /Pacific Islande	0	TOTAL:	1
65-74 yr	1	0	1	White:	1		
75 < yrs	0	0	0	Unknown :	0		
Total	1	0	1	TOTAL:	1		

Ownership, Management and General Information

Name: DaVita TRC Children's Dialysis

Address: 2611 North Halsted

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2604

Legal Entity Operator:

Total Renal Care, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: The Land Trust Company

Other Ownership:

Medical Director Name: Dr Craig Langman Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQU	<u>JIVALENT</u>
	_		

Authorized Stations as of 12/31/2013: 8 **Full-Time Work Week:** 40 **Certified Stations by CMS:** 8 Regsitered Nurse: 4 **Peak Authorized Stations Operated:** 6 1 Dialysis Technician: Authorized Stations Setup and Staffed in Oct 1-7: 5 0 Dietician: Isolation Stations Set up in Oct 1-7: 5 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health . 1 Other Non-Health: 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	10	0	10
Number of Patients Treated	8	6	7	8	9	0	9

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 18 In-Center Treatments in calendar year: 2,679 (Beginning patients) Number of Missed Treatments: 0

Patients treated as of 12/31/2013: 47 Average Daily Treatments:

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 240.0

Total Unduplicated patients 31 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: 13 Recovered patients: 0 Treatment Capacity/year (based on Stations): 7,488 7 **Transient Patients:** 0 **Transplant Recipients:** Use Rate (Treatments/Treatment capacity): 36% 7 Patients Re-Started: 0 Patients transferred out: Use Rate (including Missed Treatments): 36% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 38% Total: 13 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 35% Patients deceased: **Renal Network Use Rate:** 0 0% Total: 14

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	32.3%	38.7%	29.0%	0.0%	0.0%	100.0%	0.0%
Patient	10	12	9	0	0	31	0
1/1/2013 to 12/31/2013	14.4%	9.3%	76.3%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$240,366	\$155,722	\$1,276,908	\$0	\$0	\$1,672,995	\$0
Patients by Age	and Sex		Patients by Race	e	Pat	ients by Ethnicit	v

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	11	
<14 yrs	9	4	13	Native American/ Indian:	0	Non-Hispanic Latino Patien	20	
15-44 yr	8	10	18	Black/ African American :	10	Unknown Ethnicity Patients	0	
45-64 yr	0	0	0	Hawaiian /Pacific Islande	0	TOTAL:	31	
65-74 yr	0	0	0	White:	21			
75 < yrs	0	0	0	Unknown:	0			
Total	17	14	31	TOTAL:	31			

My facility #14-2604 has temporarily moved to #14-2505 while our new facility is being built. We moved end of August 2013. I kept my numbers separate and have asked the other program to take my numbers out of theirs, so we continue to report for 2 separate programs. Any questions, please contact me at #773-610-0756

Ownership, Management and General Information

Direct Dialysis - Crestwood Care Centre Name:

14255 Cicero Avenue Address:

Crestwood City: Cook County: HSA: 7 **Medicare ID:** 14-2655

Legal Entity Operator:

SYMPHONY OF CRESTWOOD

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** SYMPHONY OF CRESTWOOD

Other Ownership:

Medical Director Name: Dr.JAMES RYDEL **Provides Incenter Noctural Dialysis:**

21

Private Pay

17

Other Public

0

23

TOTAL

Charity Care

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT					<u>ENT</u>
Authorized Stations as of 12/31/2013:	7		Full-Time Work Week:				32
Certified Stations by CMS:	7		Regsiter	ed Nurse :			4
Peak Authorized Stations Operated:	7		Dialysis	Technician	:		5
Authorized Stations Setup and Staffed in Oct 1-7:	7		Dietician :				1
Isolation Stations Set up in Oct 1-7:	0		Social W	/orker:			1
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other He	ealth:		2	
			Other No	on-Health:			1
<u>Dialysis Station U</u>	tilization for th	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 16	16	16	16	16	0	16	

17

Facility Utilization Information

Number of Patients Treated

Facility Reported Patient Information Facility Reported Treatment Information

24

Patients treated as of 1/1/2013: 31 In-Center Treatments in calendar year: 6.005 (Beginning patients) **Number of Missed Treatments:** 511 **Average Daily Treatments:** Patients treated as of 12/31/2013:

40 (Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 124 treated in calendar year:

Medicare

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

16

Medicaid

New Patients: 84 Recovered patients: 1 Treatment Capacity/year (based on Stations): 6,552 **Transient Patients:** 0 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 92% Patients Re-Started: 21 Patients transferred out: 47 Use Rate (including Missed Treatments): 99% **Post-Transplant Patien** 0 Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 74% Total: 105 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 95% Patients deceased: **Renal Network Use Rate:** 95% 22 Total: 73

Patients and Net Revenue by Payor Source

Private Insurance

		76.6	5%	2.4%	21.0%	0.0%	0.0%	100.0%	0.0%
Patient		!	95	3	26	0	0	124	0
1/1/2013 to	12/31/2013	68.7	7%	2.7%	28.6%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$2,246,607	' \$8	9,917	\$934,485	\$0	\$0	\$3,271,009	\$0
Par	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	tients:	1	Hispanic Latino	Patients:	11
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic L	atino Patien	113
15-44 yr	1	2	3	Black/ At	frican American :	94	Unknown Ethni	city Patients	0
45-64 yr	19	14	33	Hawaiiar	n /Pacific Islande	0	TOTAL:	-	124
65-74 yr	14	20	34	White:		18			
75 < yrs	24	30	54	Unknow	n :	11			
Total	58	66	124	TOTAL:		124			

Ownership, Management and General Information

Name: Dixon Dialysis Center, LLC

101 WEST SECOND STREET

County: Lee HSA: 1 Medicare ID: 14-2645

Address:

City:

Legal Entity Operator:

Dixon Dialysis Center, LLC

0

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Katherine Shaw Bethea Hospital

Other Non-Health:

Other Ownership:

Medical Director Name: Rajesh Alla, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	STATION INFORMATION					
Authorized Stations as of 12/31/2013:	8	Full-Time Work Week:	40			
Certified Stations by CMS:	8	Regsitered Nurse :	1			
Peak Authorized Stations Operated:	8	Dialysis Technician :	3			
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0			
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0			
(subset of authorized stations)		LPN:	0			
Number of Shifts Operated per day		Other Health :	0			

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	14	0	14	0	0	14	
Number of Patients Treated	0	23	0	23	0	0	21	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 24 In-Center Treatments in calendar year: 3,519 (Beginning patients) Number of Missed Treatments: 31

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min):
210.0

Total Unduplicated patients 34

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: Recovered patients: 0 Treatment Capacity/year (based on Stations): 7,488 **Transient Patients:** 0 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 47% Patients Re-Started: 1 Patients transferred out: 4 Use Rate (including Missed Treatments): 47% **Post-Transplant Patien** 0 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 50% Total: 10 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 48% Patients deceased: 4 **Renal Network Use Rate:** 48% Total: 11

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	76.5%	5.9%	14.7%	2.9%	0.0%	100.0%	0.0%
Patient	26	2	5	1	0	34	0
1/1/2013 to 12/31/2013	66.1%	2.8%	31.1%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$738,267	\$31,778	\$346,963	\$0	\$0	\$1,117,008	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	Y
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	0	Hispanic Latino	Patients:	3

<u>Pat</u>	ients by Ac	<u>ie and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	31	
15-44 yr	1	0	1	Black/ African American :	2	Unknown Ethnicity Patients	0	
45-64 yr	17	2	19	Hawaiian /Pacific Islande	0	TOTAL:	34	
65-74 yr	5	0	5	White:	29			
75 < yrs	1	8	9	Unknown:	3			
Total	24	10	34	TOTAL:	34			

Ownership, Management and General Information

Name:

Driftwood Dialysis

Address:

1808 SOUTH WEST AVE

City:

FREEPORT

County: HSA.

Medicare ID:

Stephenson

14-2747

Legal Entity Operator:

Legal Entity Owner:

Freeport bay dialysis,LLC

Ownership Type:

Limited Liability Company

Property Owner:

Frontier RealEstate Investment co.,LLC

Other Ownership:

Medical Director Name: Dr. Farhan Khan

Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME E	<u>QUIVALENI</u>
Ctations as of 42/24/2042.	10	Full Time West Week	40

Authorized Stations as of 12/31/2013:	10	Full-Time Work Week:	40
Certified Stations by CMS:	10	Regsitered Nurse :	3
Peak Authorized Stations Operated:	10	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	10	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	15	0	15	0	0	15	
Number of Patients Treated	0	26	0	26	0	0	26	

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2013: 2

(Beginning patients) Patients treated as of 12/31/2013:

(Ending patients) **Total Unduplicated patients**

treated in calendar year:

Facility Reported Treatment Information

In-Center Treatments in calendar year: 3.980 **Number of Missed Treatments:** 144

Average Daily Treatments:

Average Treatment Time (min):

3.0

LOSSES to the FACILITY ADDITIONS to the FACILITY

New Patients: 45 **Transient Patients:** 0 Patients Re-Started: 0 **Post-Transplant Patien** Total: 46

Recovered patients: **Transplant Recipients:** Patients transferred out: Patients voluntarily discontinued Patients lost to follow up: Patients deceased: Total:

30

47

0 1 0 1 0 1 3

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): 9,360 Use Rate (Treatments/Treatment capacity): 43% Use Rate (including Missed Treatments): 44% Use Rate (Begining patients treated): 3% Use Rate (Year end Patients/Stations*6): 50% **Renal Network Use Rate:** 50%

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	87.2%	4.3%	6.4%	0.0%	2.1%	100.0%	0.0%
Patient	41	2	3	0	1	47	0
1/1/2013 to 12/31/2013	61.1%	1.6%	24.3%	0.6%	12.5%	100.0%	0.6%
Net Revenue	\$855,896	\$21,911	\$339,908	\$8,260	\$174,787	\$1,400,762	\$8,260
Patients by Age	and Say		Patients by Pac	•	Dat	ients by Ethnicit	v

Pat	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	44
15-44 yr	4	0	4	Black/ African American :	17	Unknown Ethnicity Patients	0
45-64 yr	12	6	18	Hawaiian /Pacific Islande	0	TOTAL:	47
65-74 yr	5	6	11	White:	27		
75 < yrs	5	9	14	Unknown:	2		
Total	26	21	47	TOTAL:	47		

Ownership, Management and General Information

Name: DSI - Arlington Heights Address: 17 West Golf Road

City: Arlington Heights

County: Cook HSA: 7 Medicare ID: 14-2628 Legal Entity Operator: DaVita

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: George Frigelis/Arlington Venturs

Other Ownership:

Medical Director Name: Vincent Di Silvestro MD Provides Incenter Noctural Dialysis:

44

20

0

44

STATION INFORMATION			FACILITY	STAFFING	- FULL TIM	E EQUIVAL	<u>ENT</u>
Authorized Stations as of 12/31/2013:	18		Full-Tim	e Work Wee	ek:		40
Certified Stations by CMS:	0		Regsiter	ed Nurse :			4
Peak Authorized Stations Operated:	18		Dialysis	Technician	:		7
Authorized Stations Setup and Staffed in Oct 1-7:	18		Dieticiar	n :			1
Isolation Stations Set up in Oct 1-7:	1		Social W	/orker:			1
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other He	ealth:			0
			Other No	on-Health:			0
<u>Dialysis Station</u>	Utilization for t	he Week of (Oct 1 - 7				
Date of Operation Oct	1 Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 1	5 12	15	12	15	0	12	

22

Facility Utilization Information

Facility Reported Patient Information	Facility Reported Treatment Information
<u>i dointy reported i diferit information</u>	radiity reported recallient information

37

Patients treated as of 1/1/2013: 76 In-Center Treatments in calendar year: 9,842 (Beginning patients) Number of Missed Treatments: 996 Patients treated as of 12/31/2013: 66 Average Daily Treatments: 480.0 Average Treatment Time (min): 280.0

Total Unduplicated patients 66

Number of Patients Treated

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

23

New Patients:	23	Recovered patients:	3	Treatment Capacity/year (based on Stations):	16,848
Transient Patients:	18	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	58%
Patients Re-Started:	1	Patients transferred out:	35	Use Rate (including Missed Treatments):	64%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	70%
Total:	42	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	61%
		Patients deceased:	10	Renal Network Use Rate:	61%
		Total:	50		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	86.4%	7.6%	6.1%	0.0%	0.0%	100.0%	0.0%
Patient	57	5	4	0	0	66	0
1/1/2013 to 12/31/2013	62.5%	1.7%	31.4%	0.6%	3.7%	100.0%	0.6%
Net Revenue	\$1,758,107	\$49,057	\$883,645	\$17,414	\$104,374	\$2,812,596	\$17,414
Patients by Age	and Sov		Patients by Rac	•	Pat	ients by Ethnicit	v

<u>Pat</u>	ients by Ac	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	11	Hispanic Latino Patients:	4
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	60
15-44 yr	2	4	6	Black/ African American :	2	Unknown Ethnicity Patients	2
45-64 yr	11	10	21	Hawaiian /Pacific Islande	0	TOTAL:	66
65-74 yr	8	4	12	White:	49		
75 < yrs	16	11	27	Unknown:	4		
Total	37	29	66	TOTAL:	66		

Ownership, Management and General Information

DSI - Markham Name:

County:

Medicare ID:

HSA:

3053-55 West 159th Street

Address: City:

Cook

14-2575

Markham 7

Legal Entity Operator:

ISD Renal Inc. fka DSI Renal, Inc.

1

Legal Entity Owner:

For Profit Corporation Ownership Type: **Property Owner: CB** Chicago Partners

Other Ownership:

Medical Director Name: Kenneth Cline **Provides Incenter Noctural Dialysis: V**

Other Non-Health:

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	40
Certified Stations by CMS:	24	Regsitered Nurse :	6
Peak Authorized Stations Operated:	22	Dialysis Technician :	12
Authorized Stations Setup and Staffed in Oct 1-7:	22	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	11	16	11	16	11	0	16
Number of Patients Treated	40	50	39	51	39	0	53

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 100 In-Center Treatments in calendar year: 14,249 (Beginning patients) **Number of Missed Treatments:** 0

Average Daily Treatments: Patients treated as of 12/31/2013: 97

(Ending patients) Average Treatment Time (min): 217.0

Total Unduplicated patients 121 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients: 48 Recovered patients: 1 Treatment Capacity/year (based on Stations): 22,464 **Transient Patients:** 3 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 63% Patients Re-Started: 0 Patients transferred out: 31 Use Rate (including Missed Treatments): 63% **Post-Transplant Patien** 3 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 69% Total: 54 Patients lost to follow up: 5 Use Rate (Year end Patients/Stations*6): 67% Patients deceased: 10 **Renal Network Use Rate:** 67% Total: 47

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	73.6%	22.3%	4.1%	0.0%	0.0%	100.0%	0.0%
Patient	89	27	5	0	0	121	0
1/1/2013 to 12/31/2013	99.2%	0.1%	0.4%	0.0%	0.2%	100.0%	0.0%
Net Revenue	\$215,195,513	\$249,256	\$896,494	\$33,091	\$459,910	\$216,834,264	\$33,091
Patients by Ag	e and Sex		Patients by Rac	<u>e</u>	<u>Pa</u>	atients by Ethnicit	¥
AGE GROUPS MALE	FEMALE TO	TAL Asian	Patients:	1	Hispanic Latin	o Patients:	2
	_			_			

<u>Pat</u>	tients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	2	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	119	
15-44 yr	14	6	20	Black/ African American :	114	Unknown Ethnicity Patients	0	
45-64 yr	36	33	69	Hawaiian /Pacific Islande	0	TOTAL:	121	
65-74 yr	10	11	21	White:	4			
75 < yrs	6	5	11	Unknown:	2			
Total	66	55	121	TOTAL:	121			

Ownership, Management and General Information

DSI - Waukegan Name: Address:

1616 N. Grand Avenue

Waukegan City: Lake County: HSA: 8 Medicare ID: 14-2577

Legal Entity Operator:

ISD Renal Inc. fka DSI Renal Inc

240.0

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** LNC Asset Management

Other Ownership:

Medical Director Name: Dr. John P. Freeland **Provides Incenter Noctural Dialysis:**

STATION INFORMATION			FACILITY	STAFFING	- FULL TIM	E EQUIVAL	<u>ENT</u>
Authorized Stations as of 12/31/2013:	22		Full-Tim		40		
Certified Stations by CMS:	22		Regsitered Nurse :				
Peak Authorized Stations Operated:	22		Dialysis Technician: 7				
Authorized Stations Setup and Staffed in Oct 1-7:	22		Dietician: 1				
Isolation Stations Set up in Oct 1-7:	1		Social V	Social Worker:			1
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other Health :			2	
			Other Non-Health: 0				0
<u>Dialysis Station U</u>	tilization for tl	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
House energial 14	40	4.4	40	4.4	^	40	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	18	14	18	14	0	18
Number of Patients Treated	34	53	34	58	31	0	58

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 96 14,005 (Beginning patients) **Number of Missed Treatments:** 311 **Average Daily Treatments:** Patients treated as of 12/31/2013: 103

(Ending patients) **Total Unduplicated patients** 94

treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY

Average Treatment Time (min):

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	45	Recovered patients:	2	Treatment Capacity/year (based on Stations):	20,592
Transient Patients:	20	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	68%
Patients Re-Started:	1	Patients transferred out:	18	Use Rate (including Missed Treatments):	70%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	73%
Total:	66	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	78%
		Patients deceased:	2	Renal Network Use Rate:	78%
		Total:	28		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	87.0%	7.6%	5.4%	0.0%	0.0%	100.0%	2.2%
Patient	80	7	5	0	0	92	2
1/1/2013 to 12/31/2013	74.3%	2.9%	19.3%	0.0%	3.5%	100.0%	1.4%
Net Revenue	\$2,484,770	\$95,482	\$645,697	\$0	\$116,602	\$3,342,550	\$45,227

Pat	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	5	Hispanic Latino Patients:	21
<14 yrs	0	0	0	Native American/ Indian:	2	Non-Hispanic Latino Patien	73
15-44 yr	9	7	16	Black/ African American :	40	Unknown Ethnicity Patients	0
45-64 yr	24	15	39	Hawaiian /Pacific Islande	1	TOTAL:	94
65-74 yr	8	4	12	White:	25		
75 < yrs	19	8	27	Unknown:	21		
Total	60	34	94	TOTAL:	94		

Ownership, Management and General Information

DSI Buffalo Grove Name: 1291 West Dundee Road Address:

Buffalo Grove City:

Cook County: HSA: Medicare ID: 14-2650 **Legal Entity Operator:**

ISD Buffalo Grove ,LLC fka DSI Buffalo Grove ,LLC

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: AMALGAMATED BANK OF CHICAGO

Other Ownership:

VINCENT DISLVESTRO **Medical Director Name:**

Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>ON</u>			FACILITY	STAFFING	- FULL TIM	E EQUIVALI	<u>ENT</u>		
Authorized Stations as of 12/31/2013:		16		Full-Tim	e Work Wee	ek:		40		
Certified Stations by CMS:		16		Regsiter	ed Nurse :			3		
Peak Authorized Stations Operated:		16	Dialysis Technician : 6					6		
Authorized Stations Setup and Staffed in Oc	t 1-7:	16		Dieticiar	١:	0				
Isolation Stations Set up in Oct 1-7:		1		Social Worker: 1						
(subset of authorized stations)				LPN:				0		
Number of Shifts Operated per day	Number of Shifts Operated per day				ealth:			0		
				Other Non-Health:				0		
<u>Dialys</u>	is Station Utili	zation for th	ne Week of	Oct 1 - 7						
Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7			
Hours operated	10	15	10	15	10	0	15			
Number of Patients Treated	22	32	22	32	22	0	33			

Facility Utilization Information

Facility Reported Patient Information

Facility Reported Treatment Information

240.0

Patients treated as of 1/1/2013: 59 In-Center Treatments in calendar year: 8,846 (Beginning patients) **Number of Missed Treatments:** 185 **Average Daily Treatments:** Patients treated as of 12/31/2013: 60

(Ending patients) **Total Unduplicated patients** 153

treated in calendar year:

LOSSES to the FACILITY	USE RATE for the FACILITY
200020 10 1110 1710 1211 1	OOL NATE TOT THE TAGILITY

Average Treatment Time (min):

ADDITIONS to the FACILITY New Patients: 23 Recovered patients: 0 Treatment Capacity/year (based on Stations): 14,976 22 Use Rate (Treatments/Treatment capacity): **Transient Patients: Transplant Recipients:** 4 59% Patients Re-Started: 7 Patients transferred out: 25 Use Rate (including Missed Treatments): 60% **Post-Transplant Patien** 0 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 61% Total: 52 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 63% Patients deceased: 10 **Renal Network Use Rate:** 63% Total: 41

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	84.5%	0.7%	11.5%	3.4%	0.0%	100.0%	3.4%
Patient	125	1	17	5	0	148	5
1/1/2013 to 12/31/2013	58.0%	0.5%	31.9%	5.5%	4.1%	100.0%	5.5%
Net Revenue	\$1,436,679	\$13,313	\$790,667	\$136,428	\$100,702	\$2,477,790	\$136,428
Patients by Age	and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS MALE	FEMALE TOTA	J Δsian	Patients:	13	Hispanic Latino	Patients:	24

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	13	Hispanic Latino Patients:	24	
<14 yrs	0	0	0	Native American/ Indian:	3	Non-Hispanic Latino Patien	129	
15-44 yr	6	2	8	Black/ African American :	10	Unknown Ethnicity Patients	0	
45-64 yr	14	10	24	Hawaiian /Pacific Islande	0	TOTAL:	153	
65-74 yr	32	16	48	White:	103			
75 < yrs	46	27	73	Unknown:	24			
Total	98	55	153	TOTAL:	153			

Ownership, Management and General Information

Name:

DSI Hazel Crest

Address: City:

County: HSA:

Medicare ID:

Hazel Crest

Cook

14-2622

Legal Entity Operator: 3470 West 183rd Street **Legal Entity Owner:**

For Profit Corporation

Ownership Type:

Resolution Prosperity Services

ISD Davita

Property Owner: Other Ownership:

Dr. Michael Peck

FACILITY STAFFING - FULL TIME EQUIVALENT

Medical Director Name: Provides Incenter Noctural Dialysis: ~

STATION INFORMATION

Authorized Stations as of 12/31/2013:	19	Full-Time Work Week:	17
Certified Stations by CMS:	19	Regsitered Nurse :	4
Peak Authorized Stations Operated:	19	Dialysis Technician :	10
Authorized Stations Setup and Staffed in Oct 1-7:	19	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	10	0	10
Number of Patients Treated	47	48	43	54	45	0	54

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2013: 112

(Beginning patients)

Patients treated as of 12/31/2013: (Ending patients)

Total Unduplicated patients treated in calendar year:

Facility Reported Treatment Information

In-Center Treatments in calendar year: 15,605

Number of Missed Treatments: Average Daily Treatments:

Average Treatment Time (min): 255.0

LOSSES to the FACILITY ADDITIONS to the FACILITY

New Patients: 42 **Transient Patients:** 25 Patients Re-Started: 1 **Post-Transplant Patien** 1 Total: 69 Recovered patients: **Transplant Recipients:** Patients transferred out: Patients voluntarily discontinued Patients lost to follow up: Patients deceased:

115

171

1 3 19 2 0 19 Total: 44

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): 17,784 Use Rate (Treatments/Treatment capacity): 88% Use Rate (including Missed Treatments): 92%

829

Use Rate (Begining patients treated): 98% Use Rate (Year end Patients/Stations*6): 101% **Renal Network Use Rate:** 101%

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	77.2%	4.1%	15.2%	0.6%	2.9%	100.0%	0.0%
Patient	132	7	26	1	5	171	0
1/1/2013 to 12/31/2013	52.1%	1.5%	40.1%	0.6%	5.7%	100.0%	0.6%
Net Revenue	\$2,560,430	\$75,574	\$1,969,222	\$27,345	\$278,060	\$4,910,631	\$27,345
54.14					_		

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	9
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	162
15-44 yr	23	11	34	Black/ African American :	145	Unknown Ethnicity Patients	C
45-64 yr	44	20	64	Hawaiian /Pacific Islande	0	TOTAL:	171
65-74 yr	11	23	34	White:	26		
75 < yrs	21	18	39	Unknown:	0		
Total	99	72	171	TOTAL:	171		

Ownership, Management and General Information

DSI Loop Renal Center Name: Address:

1101 South Canal Street

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2505 **Legal Entity Operator:**

Total Renal Care, Inc

Legal Entity Owner:

For Profit Corporation Ownership Type: **Property Owner:** Canal/Taylor South, LLC

Other Ownership:

Medical Director Name: Sheldon Hirsch **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	28	Full-Time Work Week:	40
Certified Stations by CMS:	28	Regsitered Nurse :	5
Peak Authorized Stations Operated:	28	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	1

Authorized Stati Isolation Stations Set up in Oct 1-7: 28 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	12	0	12
Number of Patients Treated	44	46	44	52	48	0	48

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 97 13.294 (Beginning patients) **Number of Missed Treatments:** 647

Average Daily Treatments: Patients treated as of 12/31/2013: 85

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 160 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the 17th	<u> </u>			<u>002 10, 112 101 1110 1710 1211 1</u>	
New Patients:	20	Recovered patients:	3	Treatment Capacity/year (based on Stations):	26,208
Transient Patients:	55	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	51%
Patients Re-Started:	1	Patients transferred out:	30	Use Rate (including Missed Treatments):	53%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	58%
Total:	76	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	51%
		Patients deceased:	8	Renal Network Use Rate:	61%
		Total:	47		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	61.7%	27.3%	11.0%	0.0%	0.0%	100.0%	3.9%
Patient	95	42	17	0	0	154	6
1/1/2013 to 12/31/2013	59.1%	10.4%	23.5%	3.4%	3.5%	100.0%	3.4%
Net Revenue	\$2,061,770	\$363,170	\$818,456	\$119,819	\$122,866	\$3,486,082	\$119,819

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	7
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	153
15-44 yr	6	5	11	Black/ African American :	140	Unknown Ethnicity Patients	0
45-64 yr	48	29	77	Hawaiian /Pacific Islande	0	TOTAL:	160
65-74 yr	22	19	41	White:	9		
75 < yrs	14	17	31	Unknown:	7		
Total	90	70	160	TOTAL:	160		

Ownership, Management and General Information

DSI Renal Services - Scottsdale Name:

4651 West 79th Street Address:

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2518

DSI NewCO **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Abe Katz

Other Ownership:

Medical Director Name: Dr. Kelly Guglielmi **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL T				E EQUIVALENT
Authorized Stations as of 12/31/2013:	35		Full-Time	e Work Weel	K:	40
Certified Stations by CMS:	35		Regsiter	ed Nurse :		9
Peak Authorized Stations Operated:	32		Dialysis	Technician :		17
Authorized Stations Setup and Staffed in Oct 1-7:	32		Dietician	:		2
Isolation Stations Set up in Oct 1-7:	1		Social W	orker:		2
(subset of authorized stations)			LPN:			1
Number of Shifts Operated per day			Other He	alth:		3
			Other No	n-Health:		1

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	17	0	17	
Number of Patients Treated	65	78	62	76	67	0	79	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 160 20,712 (Beginning patients) **Number of Missed Treatments:** 1,289

Average Daily Treatments: Patients treated as of 12/31/2013: 145

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 206

treated in calendar year:

LOSSES to the FACILITY **USE RATE for the FACILITY** ADDITIONS to the FACILITY

ADDITIONO LO LITO I 7 LL	,			<u> </u>	
New Patients:	29	Recovered patients:	0	Treatment Capacity/year (based on Stations):	32,760
Transient Patients:	2	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	63%
Patients Re-Started:	0	Patients transferred out:	28	Use Rate (including Missed Treatments):	67%
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	76%
Total:	32	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	69%
		Patients deceased:	21	Renal Network Use Rate:	70%
		Total:	54		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	83.5%	8.7%	7.8%	0.0%	0.0%	100.0%	0.0%
Patient	172	18	16	0	0	206	0
1/1/2013 to 12/31/2013	56.0%	6.8%	36.9%	0.4%	0.0%	100.0%	0.0%
Net Revenue	\$5,442,512	\$661,886	\$3,583,818	\$36,733	\$0	\$9,724,949	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	¥
			_	_			

<u>Pat</u>	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	7	Hispanic Latino Patients:	32	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	174	
15-44 yr	10	6	16	Black/ African American :	98	Unknown Ethnicity Patients	0	
45-64 yr	45	38	83	Hawaiian /Pacific Islande	0	TOTAL:	206	
65-74 yr	26	26	52	White:	101			
75 < yrs	18	37	55	Unknown:	0			
Total	99	107	206	TOTAL:	206			

Ownership, Management and General Information

Edwardsville Dialysis Name: 235 South Buchanan Address:

Edwardsville City: Madison County: HSA: Medicare ID: 14-2701

Legal Entity Operator:

Legal Entity Owner:

For Profit Corporation Gotham Holding LLC

Total Renal Care, Inc.

Property Owner: Other Ownership:

Ownership Type:

Medical Director Name: Dr. Felicia Bentley **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME I	EQUIVALENT
Authorized Stations as of 12/31/2013:	8	Full-Time Work Week:	40
Certified Stations by CMS:	8	Regsitered Nurse :	2
Peak Authorized Stations Operated:	8	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	0
<u>Dialysis Station Util</u>	lization for the We	eek of Oct 1 - 7	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12.5	13.5	12	12.5	12	0	12.5
Number of Patients Treated	11	16	10	15	11	0	15

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 27 4,379 (Beginning patients) **Number of Missed Treatments:** 113 **Average Daily Treatments:** Patients treated as of 12/31/2013: 30 (Ending patients) Average Treatment Time (min): 246.0 65

Total Unduplicated patients treated in calendar year:

Medicare

Medicaid

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	17	Recovered patients:	3	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	22	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	58%
Patients Re-Started:	0	Patients transferred out:	27	Use Rate (including Missed Treatments):	60%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	56%
Total:	39	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	63%
		Patients deceased:	4	Renal Network Use Rate:	63%
		Total:	35		

Patients and Net Revenue by Payor Source

Private Pay

Other Public

TOTAL

Charity Care

Private Insurance

		80.	.0%	4.6%	9.2%	0.0%	6.2%	100.0%	0.0%
Patient			52	3	6	0	4	65	0
1/1/2013 to	12/31/2013	48.	.9%	0.7%	31.8%	0.0%	18.7%	100.0%	0.0%
Net Revenue		\$670,28	37	9,292	\$436,210	\$0	\$256,227	\$1,372,017	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	tients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	0	Hispanic Latino	Patients:	2
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic L	atino Patien	63
15-44 yr	3	1	4	Black/ A	frican American :	14	Unknown Ethni	city Patients	0
45-64 yr	8	6	14	Hawaiia	n /Pacific Islande	0	TOTAL:		65
65-74 yr	21	14	35	White:		51			
75 < yrs	2	10	12	Unknow	n:	0			
Total	34	31	65	TOTAL:		65			

Ownership, Management and General Information

Effingham Dialysis Name:

904 Medical Park Drive Address:

Effingham City: Effingham County:

HSA: 5

Medicare ID: 14-2580 **Legal Entity Operator:**

DVA Renal Healthcare, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: OSF Healthcare-Hospital Sisters of St. Francis

Other Ownership:

Medical Director Name: Bashar Alzahabi **Provides Incenter Noctural Dialysis: ✓**

STATION INFORMATION FACILITY STAFFING - FULL TIME EQUIVALENT
--

Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Regsitered Nurse :	4
Peak Authorized Stations Operated:	16	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	12	0	12
Number of Patients Treated	22	25	20	28	22	0	29

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 56 7,815 (Beginning patients) **Number of Missed Treatments:** 525

Average Daily Treatments: Patients treated as of 12/31/2013: 49 (Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 87

treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	21	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	6	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	52%
Patients Re-Started:	3	Patients transferred out:	13	Use Rate (including Missed Treatments):	56%
Post-Transplant Patien	1	Patients voluntarily discontinued	8	Use Rate (Begining patients treated):	58%
Total:	31	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	51%
		Patients deceased:	13	Renal Network Use Rate:	51%
		Total:	41		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	90.7%	1.2%	4.7%	0.0%	3.5%	100.0%	1.2%
Patient	78	1	4	0	3	86	1
1/1/2013 to 12/31/2013	63.2%	0.3%	30.7%	0.2%	5.6%	100.0%	0.2%
Net Revenue	\$1,601,413	\$8,521	\$776,711	\$6,195	\$140,770	\$2,533,610	\$6,195
				1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	86
15-44 yr	2	6	8	Black/ African American :	1	Unknown Ethnicity Patients	0
45-64 yr	18	7	25	Hawaiian /Pacific Islande	0	TOTAL:	87
65-74 yr	18	8	26	White:	86		
75 < yrs	18	10	28	Unknown:	0		
Total	56	31	87	TOTAL:	87		

Ownership, Management and General Information

Name: Evanston Renal Center Address: 1922 Dempster Street

City: Evanston
County: Cook
HSA: 7
Medicare ID: 14-2511

Legal Entity Operator: Evanston Dialysis Center

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Bonnie Mangament Corporation

Other Ownership:

Medical Director Name: Whalid Ghantous Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2013:	18	Full-Time Work Week:	40
Certified Stations by CMS:	18	Regsitered Nurse :	2
Peak Authorized Stations Operated:	18	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0
Dialysis Station Ut	ilization for the We	eek of Oct 1 - 7	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	11	16	11	16	11	0	16	
Number of Patients Treated	21	34	16	34	21	0	34	

Facility Utilization Information

Facility Reported Patient Information Patients treated as of 1/1/2013: 53		Facility Reported Treatment Information
Patients treated as of 1/1/2013:	53	In-Center Treatments in calendar year: 8,165
(Beginning patients)		Number of Missed Treatments: 3
Patients treated as of 12/31/2013:	58	Average Daily Treatments:
(Ending patients)	36	Average Treatment Time (min): 210.0

Total Unduplicated patients 93 treated in calendar year:

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	29	Recovered patients:	1	Treatment Capacity/year (based on Stations):	16,848
Transient Patients:	15	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	48%
Patients Re-Started:	0	Patients transferred out:	30	Use Rate (including Missed Treatments):	48%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	49%
Total:	44	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	54%
		Patients deceased:	9	Renal Network Use Rate:	54%
		Total:	41		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	72.8%	16.3%	8.7%	0.0%	2.2%	100.0%	1.1%
Patient	67	15	8	0	2	92	1
1/1/2013 to 12/31/2013	50.9%	10.1%	26.1%	2.5%	10.5%	100.0%	2.5%
Net Revenue	\$1,077,736	\$212,844	\$551,278	\$52,625	\$221,170	\$2,115,654	\$52,625
Patients by Age	and Sex		Patients by Race	2	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS MALE	FEMALE TO	ΓAL Asian	Patients:	7	Hispanic Latino	Patients:	14

<u>Pat</u>	ients by Ac	<u>ie and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	7	Hispanic Latino Patients:	14
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	79
15-44 yr	6	2	8	Black/ African American :	48	Unknown Ethnicity Patients	0
45-64 yr	14	17	31	Hawaiian /Pacific Islande	0	TOTAL:	93
65-74 yr	14	15	29	White:	38		
75 < yrs	16	9	25	Unknown:	0		
Total	50	43	93	TOTAL:	93		

Ownership, Management and General Information

Fox Valley Dialysis,Ltd. Name:

1300 Waterford Drive Address: Aurora

City: Kane County: 8 HSA: Medicare ID: 14-2568 **Legal Entity Operator:**

Renaissance Mgmt. Co. LLC (operates) Fox Valley

Legal Entity Owner:

Limited Liability Company Ownership Type: RBSG&M, LLC

Property Owner: Other Ownership:

Medical Director Name: Dr. Pardeep Sood **Provides Incenter Noctural Dialysis:**

STATION INFORMATION FACILITY STAFFING	- FULL TIME EQUIVALENT
---------------------------------------	------------------------

Authorized Stations as of 12/31/2013: 29 **Full-Time Work Week:** 40 **Certified Stations by CMS:** 29 Regsitered Nurse: 6 **Peak Authorized Stations Operated:** 28 Dialysis Technician: 15 Authorized Stations Setup and Staffed in Oct 1-7: 28 Dietician: 1 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 3

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	18	13	18	13	0	18	
Number of Patients Treated	50	65	49	67	48	0	64	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 128 In-Center Treatments in calendar year: 18.624 (Beginning patients) **Number of Missed Treatments:** 529 **Average Daily Treatments:**

Patients treated as of 12/31/2013: 123

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 177 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients:	41	Recovered patients:	4	Treatment Capacity/year (based on Stations):	27,144
Transient Patients:	7	Transplant Recipients:	6	Use Rate (Treatments/Treatment capacity):	69%
Patients Re-Started:	2	Patients transferred out:	32	Use Rate (including Missed Treatments):	71%
Post-Transplant Patien	2	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	74%
Total:	52	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	71%
		Patients deceased:	14	Renal Network Use Rate:	71%
		Total:	57		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	78.0%	9.0%	13.0%	0.0%	0.0%	100.0%	0.0%
Patient	138	16	23	0	0	177	0
1/1/2013 to 12/31/2013	66.9%	6.5%	26.7%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$3,472,147	\$336,254	\$1,384,871	\$0	\$0	\$5,193,272	\$0

<u>Pat</u>	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	67
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	110
15-44 yr	13	10	23	Black/ African American :	32	Unknown Ethnicity Patients	0
45-64 yr	28	31	59	Hawaiian /Pacific Islande	1	TOTAL:	177
65-74 yr	30	30	60	White:	140		
75 < yrs	20	15	35	Unknown:	0		
Total	91	86	177	TOTAL:	177		

Addition to 5e: RBSG&M, LLC Affiliate Building Lease Agreement

Ownership, Management and General Information

Fresenius Medical Care - Evergreen Park Name:

Address: 9730 South Western Avenue

Evergreen Park City:

Cook County: HSA. 7 **Medicare ID:** 14-2545 **Legal Entity Operator:**

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Limited Liability Company Ownership Type:

Property Owner: EVERGREEN PLAZA ASSOCIATES IV, LP

Other Ownership:

Medical Director Name: Dr. Paul Crawford **Provides Incenter Noctural Dialysis:**

STATION INFORMATION			FACILITY	STAFFING	- FULL TIM	E EQUIVAL	<u>ENT</u>
Authorized Stations as of 12/31/2013:	30		Full-Tim	e Work Wee	ek:		32
Certified Stations by CMS:	30		Regsite	ed Nurse :			7
Peak Authorized Stations Operated:	30		Dialysis	Technician	:		15
Authorized Stations Setup and Staffed in Oct 1-7:	30		Dieticiar	n :			1
Isolation Stations Set up in Oct 1-7:	0		Social V	/orker:			1
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other Ho	ealth:			1
			Other No	on-Health:			2
<u>Dialysis Station U</u>	tilization for th	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 18	18	18	18	18	0	18	

67

65

Private Pay

66

Other Public

0

63

TOTAL

Charity Care

Facility Utilization Information

Facility Reported Treatment Information Facility Reported Patient Information

65

Patients treated as of 1/1/2013: In-Center Treatments in calendar year: 21.746 146 (Beginning patients) **Number of Missed Treatments:** 716

Average Daily Treatments: Patients treated as of 12/31/2013: 154

68

(Ending patients) Average Treatment Time (min): 265.0

Total Unduplicated patients 266

Medicare

Number of Patients Treated

treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients: 222 Recovered patients: 6 Treatment Capacity/year (based on Stations): 28,080 **Transient Patients:** 8 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 77% Patients Re-Started: 3 Patients transferred out: 202 Use Rate (including Missed Treatments): 80% **Post-Transplant Patien** 3 Patients voluntarily discontinued 10 Use Rate (Begining patients treated): 81% Total: 236 Patients lost to follow up: 3 Use Rate (Year end Patients/Stations*6): 86% Patients deceased: 26 **Renal Network Use Rate:** 87%

> Total: 249

> > Medicaid

Patients and Net Revenue by Payor Source

Private Insurance

		57.9	1%	9.4%	31.2%	1.1%	0.4%	100.0%	0.0%
Patient		15	54	25	83	3	1	266	0
1/1/2012 to	12/31/2012	39.3	3%	7.6%	52.8%	0.2%	0.1%	100.0%	0.0%
Net Revenue		\$4,372,843	\$ \$84	9,088	\$5,864,667	\$24,694	\$6,067	\$11,117,359	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pa</u>	tients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian P	atients:	3	Hispanic Latino	Patients:	5
<14 yrs	0	0	0	Native A	American/ Indian:	1	Non-Hispanic L	atino Patien	261
15-44 yr	6	7	13	Black/ A	African American :	251	Unknown Ethni	city Patients	0
45-64 yr	38	36	74	Hawaiia	an /Pacific Islande	0	TOTAL:	-	266
65-74 yr	42	31	73	White:		11			
75 < yrs	55	51	106	Unknov	vn :	0			
Total	141	125	266	TOTAL:		266			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care - Glendale Heights Name:

520 North Avenue Address:

Glendale Heights City: DuPage

County: HSA: Medicare ID: 14-2617

WSKC Dialysis Services, Inc. **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Glendale Heights Retail Investors, LLC

300.0

Other Ownership:

Medical Director Name: Dr. Ernest de Jesus **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT						
Authorized Stations as of 12/31/2013:	21	Full-Time Work Week:	32				
Certified Stations by CMS:	21	Regsitered Nurse :	5				
Peak Authorized Stations Operated:	21	Dialysis Technician :	8				
Authorized Stations Setup and Staffed in Oct 1-7:	0	Dietician :	1				
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1				
(subset of authorized stations)		LPN:	0				
Number of Shifts Operated per day		Other Health :	0				
		Other Non-Health:	1				
Dialysis Station Utilization for the Week of Oct 1 - 7							

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	0	0	0	0	0	0	
Number of Patients Treated	0	0	0	0	0	0	0	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 96 In-Center Treatments in calendar year: 7,576 (Beginning patients) **Number of Missed Treatments:** 278

Average Daily Treatments: Patients treated as of 12/31/2013: 96 (Ending patients) Average Treatment Time (min):

Total Unduplicated patients 115

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FA	CILII I	LOGGED to the LAGIETT		OSE RATE TOT THE PACIENT	
New Patients:	117	Recovered patients:	1	Treatment Capacity/year (based on Stations):	19,656
Transient Patients:	12	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	39%
Patients Re-Started:	2	Patients transferred out:	117	Use Rate (including Missed Treatments):	40%
Post-Transplant Patien	3	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	76%
Total:	134	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	76%
		Patients deceased:	7	Renal Network Use Rate:	76%
		Total:	127		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	61.7%	11.3%	20.9%	6.1%	0.0%	100.0%	0.0%
Patient	71	13	24	7	0	115	0
1/1/2012 to 12/31/2012 Net Revenue	<i>61.7%</i> \$71	<i>11.</i> 3% \$13	20.9% \$24	6.1% \$7	<i>0.0%</i> \$0	100.0% \$115	<i>0.0%</i> \$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	14	Hispanic Latino Patients:	24
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	91
15-44 yr	5	7	12	Black/ African American :	9	Unknown Ethnicity Patients	0
45-64 yr	31	13	44	Hawaiian /Pacific Islande	14	TOTAL:	115
65-74 yr	18	12	30	White:	78		
75 < yrs	20	9	29	Unknown:	0		
Total	74	41	115	TOTAL:	115		

Clinic was closed from 4/18/13 through 10/21/2013 due to flooding. All patients were transferred out and treated at other Fresenius facilities and then readmitted once the facility relocated. Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care - RAI Centre-West Springfie Name:

Address: 1112 Centre West Drive

Springfield City: Sangamon County:

HSA. 3

Medicare ID: 14-2546 **Legal Entity Operator:**

RAI Care Centers of Illinois II, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** CO11 HOLDINGS, LLC

Other Ownership:

Medical Director Name: Dr. Merry Downer **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32		
Certified Stations by CMS:	16	Regsitered Nurse :	4		
Peak Authorized Stations Operated:	16	Dialysis Technician :	7		
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	2		

Date of Operation Oct 1 Oct 2 Oct 3 Oct 4 Oct 5 Oct 6 Oct 7 Hours operated 12 16 12 16 12 0 16 **Number of Patients Treated** 38 45 27 41 23 0 41

Facility Utilization Information

Facility Reported Treatment Information Facility Reported Patient Information

Patients treated as of 1/1/2013: 56 In-Center Treatments in calendar year: 10.108 (Beginning patients) **Number of Missed Treatments:** 103

Average Daily Treatments: Patients treated as of 12/31/2013: 65

(Ending patients) Average Treatment Time (min): 256.0

Total Unduplicated patients 108

treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients: 36 Recovered patients: 2 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 14 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 67% Patients Re-Started: 0 Patients transferred out: 22 Use Rate (including Missed Treatments): 68% **Post-Transplant Patien** 2 Patients voluntarily discontinued 5 Use Rate (Begining patients treated): 58% Total: 52 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 68% Patients deceased: **Renal Network Use Rate:** 13 71% Total: 43

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	70.4%	2.8%	23.1%	1.9%	1.9%	100.0%	0.0%
Patient	76	3	25	2	2	108	0
1/1/2012 to 12/31/2012	91.7%	0.0%	7.1%	1.0%	0.1%	100.0%	0.0%
Net Revenue	\$2,899,977	\$0	\$226,013	\$33,203	\$3,367	\$3,162,560	\$0
Patients by Age	and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	!
AGE GROUPS MALE	FEMALE TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0

Patients by Age and Sex				Patients by Race	ce Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	108
15-44 yr	1	4	5	Black/ African American :	39	Unknown Ethnicity Patients	0
45-64 yr	16	13	29	Hawaiian /Pacific Islande	0	TOTAL:	108
65-74 yr	13	11	24	White:	69		
75 < yrs	34	16	50	Unknown:	0		
Total	64	44	108	TOTAL:	108		

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Ownership, Management and General Information

Fresenius Medical Care Alsip Name:

12250 S. Cicero, Ste #105 Address:

Alsip City: Cook County: HSA: **Medicare ID:** 14-2630 **Legal Entity Operator:**

Legal Entity Owner:

WSKC Dialysis Services, Inc.

Ownership Type: For Profit Corporation **Property Owner:** Hickory Properties, Inc.

Other Ownership:

Medical Director Name: Sejal Kalawadia, MD **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	32	
Certified Stations by CMS:	20	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	20	Dialysis Technician :	9	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	
<u>Dialysis Station Ut</u>	ilization for the We	eek of Oct 1 - 7		

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	15	13	15	13	0	15	
Number of Patients Treated	30	43	28	46	28	0	45	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 82 In-Center Treatments in calendar year: 11,749 (Beginning patients) **Number of Missed Treatments:** 732

Average Daily Treatments: Patients treated as of 12/31/2013: 78

(Ending patients) Average Treatment Time (min): 285.0

Total Unduplicated patients 101 treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY ADDITIONS to the FACILITY

New Patients:	13	Recovered patients:	1	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	4	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	63%
Patients Re-Started:	1	Patients transferred out:	13	Use Rate (including Missed Treatments):	67%
Post-Transplant Patien	2	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	68%
Total:	20	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	65%
		Patients deceased:	3	Renal Network Use Rate:	67%
		Total:	23		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	70.3%	5.0%	20.8%	2.0%	2.0%	100.0%	0.0%
Patient	71	5	21	2	2	101	0
1/1/2012 to 12/31/2012	49.3%	6.4%	42.3%	0.1%	1.9%	100.0%	0.0%
Net Revenue	\$2,049,143	\$267,790	\$1,760,424	\$3,456	\$79,124	\$4,159,937	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	У

Pat	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	11	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	90	
15-44 yr	7	3	10	Black/ African American :	62	Unknown Ethnicity Patients	0	
45-64 yr	23	22	45	Hawaiian /Pacific Islande	0	TOTAL:	101	
65-74 yr	18	12	30	White:	38			
75 < yrs	6	10	16	Unknown:	0			
Total	54	47	101	TOTAL:	101			

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Ownership, Management and General Information

Name: Fresenius Medical Care Antioch

Address: 311 Depot St., Ste. H

City: Antioch
County: Lake
HSA: 8
Medicare ID: 14-2673

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

0

0

16

29

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Depot Street Station Development, LLC

Other Ownership:

Medical Director Name: Dr. Omaima Degani Provides Incenter Noctural Dialysis:

16

29

11

24

STATION INFORMATION			FACILITY STAFFING - FULL TIME EQUIVALENT						
Authorized Stations as of 12/31/2013:	12		Full-Time Work Week:				32		
Certified Stations by CMS:	12		Regsiter	ed Nurse :			5		
Peak Authorized Stations Operated:	12		Dialysis	Technician	:		5		
Authorized Stations Setup and Staffed in Oct 1-7:	12		Dieticiar	1 :			0		
Isolation Stations Set up in Oct 1-7:	0		Social W	/orker:			0		
(subset of authorized stations)			LPN:				0		
Number of Shifts Operated per day			Other Health :				0		
			Other No	on-Health:			1		
Dialysis Station Utilization for the Week of Oct 1 - 7									
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7			

11

19

Facility Utilization Information

Hours operated

Facility Reported Patient Information Facility Reported Treatment Information

16

29

Patients treated as of 1/1/2013: 48 In-Center Treatments in calendar year: 7,967 (Beginning patients) Number of Missed Treatments: 688

Patients treated as of 12/31/2013: Average Daily Treatments:

11

19

(Ending patients)

Average Treatment Time (min): 240.0

Total Unduplicated patients 73 treated in calendar year:

Total:

Number of Patients Treated

ADDITIONS to the	<u>FACILITY</u>	LOSSES to the FACILITY		USE RATE for the FACILITY
New Patients:	25	Recovered natients:	0	Treatment Canacity/year (based on Stations):

11,232 **New Patients:** reatment Capacity/year (based on Stations): Recovered patients: **Transient Patients:** 18 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 71% Patients Re-Started: 0 Patients transferred out: 15 **Use Rate (including Missed Treatments):** 77% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 67% Total: 43 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 69% Patients deceased: **Renal Network Use Rate:** 69% 9

Patients and Net Revenue by Payor Source

24

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	78.1%	4.1%	12.3%	1.4%	4.1%	100.0%	0.0%
Patient	57	3	9	1	3	73	0
1/1/2012 to 12/31/2012	55.2%	2.8%	37.7%	0.0%	4.3%	100.0%	0.0%
Net Revenue	\$1,772,301	\$89,806	\$1,208,936	\$0	\$138,214	\$3,209,257	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	<u>У</u>
AGE GROUPS MALE	FEMALE TOT	AL Asiar	Patients:	4	Hispanic Latino	Patients:	5
4.4	0	0 11.4		0			00

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	5
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	68
15-44 yr	7	2	9	Black/ African American :	14	Unknown Ethnicity Patients	0
45-64 yr	15	6	21	Hawaiian /Pacific Islande	0	TOTAL:	73
65-74 yr	16	6	22	White:	50		
75 < yrs	12	9	21	Unknown:	5		
Total	50	23	73	TOTAL:	73		

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Ownership, Management and General Information

Name: Fresenius Medical Care Aurora

Address: 455 Mercy Lane

City: Aurora County: Kane HSA: 8

HSA: 8 **Medicare ID:** 14-2515

Legal Entity Operator:

Legal Entity Owner:

WSKC Dialysis Services, Inc.

Ownership Type: For Profit Corporation

Property Owner: American Realty Capital Operating

Other Ownership:

Medical Director Name: Dr. Navichandra Dodhia Provides Incenter Noctural Dialysis:

STATION INFORMATION			FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2013:	24		Full-Tim	e Work Wee	ek:		32
Certified Stations by CMS:	24		Regsitered Nurse :				8
Peak Authorized Stations Operated:	24	24 Dialysis Technician :					14
Authorized Stations Setup and Staffed in Oct 1-7:	24		Dieticiar):			1
Isolation Stations Set up in Oct 1-7:	0		Social W	orker:			1
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other He	ealth:			0
			Other No	on-Health:			1
Dialysis Station U	Jtilization for tl	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	18	0	18	
Number of Patients Treated	49	66	49	65	54	0	69	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 130 In-Center Treatments in calendar year: 18,167 (Beginning patients) Number of Missed Treatments: 1,742 Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

300.0

Total Unduplicated patients 198 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ABBITIONS TO THE				002 11/112 101 1110 1710 1211 1	
New Patients:	51	Recovered patients:	2	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	24	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	81%
Patients Re-Started:	3	Patients transferred out:	45	Use Rate (including Missed Treatments):	89%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	90%
Total:	79	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	92%
		Patients deceased:	27	Renal Network Use Rate:	92%
		Total:	78		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	61.6%	22.7%	8.6%	5.6%	1.5%	100.0%	0.0%
Patient	122	45	17	11	3	198	0
1/1/2012 to 12/31/2012	48.0%	5.5%	45.7%	0.4%	0.5%	100.0%	0.0%
Net Revenue	\$3,349,569	\$386,413	\$3,188,546	\$24,710	\$35,398	\$6,984,636	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	У

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	50
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	148
15-44 yr	21	10	31	Black/ African American :	59	Unknown Ethnicity Patients	0
45-64 yr	43	35	78	Hawaiian /Pacific Islande	0	TOTAL:	198
65-74 yr	18	27	45	White:	135		
75 < yrs	23	21	44	Unknown:	0		
Total	105	93	198	TOTAL:	198		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Austin

Address: 4800 W. Chicago Ave., 2nd Fl. Chicago

County: Cook HSA: 6 Medicare ID: 14-2653 Legal Entity Operator: WSF

WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Westside Health Authority

Other Ownership:

Medical Director Name: Dr. David Kracker Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32	
Certified Stations by CMS:	16	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	16	Dialysis Technician :	8	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	14	14	14	14	0	14	
Number of Patients Treated	29	28	27	30	28	0	30	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 64 In-Center Treatments in calendar year: 9,072 (Beginning patients) Number of Missed Treatments: 353

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 300.0

Total Unduplicated patients 77 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	9	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	4	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	61%
Patients Re-Started:	0	Patients transferred out:	12	Use Rate (including Missed Treatments):	63%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	67%
Total:	13	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	66%
		Patients deceased:	1	Renal Network Use Rate:	65%
		Total:	14		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	68.8%	18.2%	6.5%	6.5%	0.0%	100.0%	0.0%
Patient	53	14	5	5	0	77	0
1/1/2012 to 12/31/2012	66.7%	15.3%	17.2%	0.8%	0.0%	100.0%	0.0%
Net Revenue	\$1,598,600	\$367,330	\$412,202	\$18,739	\$0	\$2,396,871	\$0
Patients by Age	and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	!
AGE GROUPS MALE	FEMALE TO	TAL Asian	Patients:	0	Hispanic Latino	Patients:	0

Pat	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	77	
15-44 yr	10	9	19	Black/ African American :	64	Unknown Ethnicity Patients	0	
45-64 yr	20	10	30	Hawaiian /Pacific Islande	0	TOTAL:	77	
65-74 yr	6	10	16	White:	12			
75 < yrs	6	6	12	Unknown:	0			
Total	42	35	77	TOTAL:	77			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Berwyn Name: 2601 S. Harlem Avenue, 1st Fl. Address:

Berwyn City: Cook County: HSA: Medicare ID: 14-2533 **Legal Entity Operator:**

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Brauvin Net Lease, LLC

Other Ownership:

Medical Director Name: Dr. Laurens Lohmann **Provides Incenter Noctural Dialysis:**

STATION INFORMATION							
Authorized Stations as of 12/31/2013:	28	Full-Time Work Week:	32				
Certified Stations by CMS:	28	Regsitered Nurse :	8				
Peak Authorized Stations Operated:	28	Dialysis Technician :	19				
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	0				
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1				
(subset of authorized stations)		LPN:	0				
Number of Shifts Operated per day		Other Health :	0				
		Other Non-Health:	2				
Dialysis Station Utilization for the Week of Oct 1 - 7							

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	17	0	17	
Number of Patients Treated	71	77	71	80	72	0	80	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 157 In-Center Treatments in calendar year: 23,796 (Beginning patients) **Number of Missed Treatments:** 337

Average Daily Treatments: Patients treated as of 12/31/2013: 160 Average Treatment Time (min): 300.0

(Ending patients) **Total Unduplicated patients** 240

treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY		
New Patients:	75	Recovered patients:	1	Treatment Capacity/year (based on Stations):	26,208	
Transient Patients:	7	Transplant Recipients:	7	Use Rate (Treatments/Treatment capacity):	91%	
Patients Re-Started:	0	Patients transferred out:	45	Use Rate (including Missed Treatments):	92%	
Post-Transplant Patien	0	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	93%	
Total:	82	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	95%	
		Patients deceased:	10	Renal Network Use Rate:	95%	
		Total:	69			

Patients and Net Revenue by Payor Source

		Medica	re Me	dicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		57.1	%	15.0%	20.4%	7.1%	0.4%	100.0%	0.0%
Patient		13	37	36	49	17	1	240	0
1/1/2012 to	2/31/2012	50.5	i%	10.4%	38.9%	0.2%	0.0%	100.0%	0.0%
Net Revenue		\$4,422,032	\$907	7,470	\$3,405,830	\$14,230	\$0	\$8,749,562	\$0
<u>Par</u>	ients by Ag	e and Sex			Patients by Race	<u>l</u>	<u>Pat</u>	ients by Ethnicit	¥
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	n Patients:	2	Hispanic Latino	Patients:	156
<14 vrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	80

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	156
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	80
15-44 yr	31	19	50	Black/ African American :	25	Unknown Ethnicity Patients	4
45-64 yr	69	32	101	Hawaiian /Pacific Islande	0	TOTAL:	240
65-74 yr	25	25	50	White:	209		
75 < yrs	20	19	39	Unknown:	4		
Total	145	95	240	TOTAL:	240		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Blue Island

Address: 12200 Western Avenue

City: Blue Island
County: Cook
HSA: 7
Medicare ID: 14-2539

Legal Entity Operator:

WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Blue Island Retail Venture, LLC

Other Ownership:

Medical Director Name: Dr. Salvatore Ventura Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	32	
Certified Stations by CMS:	24	Regsitered Nurse :	7	
Peak Authorized Stations Operated:	24	Dialysis Technician :	11	
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	2	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	18	0	18	
Number of Patients Treated	53	60	50	63	52	0	60	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 127 In-Center Treatments in calendar year: 18,173 (Beginning patients) Number of Missed Treatments: 651

Patients treated as of 12/31/2013: Average Daily Treatments:

Medicaid

(Ending patients)

Average Treatment Time (min): 300.0

Total Unduplicated patients 170 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

Medicare

21

78

19

92

75 < yrs

Total

40

170

ADDITIONS to the FAC	<u> ILITY</u>	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	41	Recovered patients:	2	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	2	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	81%
Patients Re-Started:	0	Patients transferred out:	16	Use Rate (including Missed Treatments):	84%
Post-Transplant Patien	0	Patients voluntarily discontinued	5	Use Rate (Begining patients treated):	88%
Total:	43	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	89%
		Patients deceased:	18	Renal Network Use Rate:	89%
		Total:	43		

Patients and Net Revenue by Payor Source

Private Pay

0

170

Other Public

TOTAL

Charity Care

Private Insurance

		67.6	5%	8.8%	19.4%	2.9%	1.2%	100.0%	0.0%
Patient		1	15	15	33	5	2	170	0
1/1/2012 to 1	2/31/2012	56.2	2%	7.5%	35.5%	0.7%	0.1%	100.0%	0.0%
Net Revenue		\$3,502,859	9 \$46	6,044	\$2,211,358	\$40,824	\$9,060	\$6,230,145	\$0
Pat	ients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	!
AGE GROUPS	MALE	FEMALE	TOTAL	Asian F	Patients:	0	Hispanic Latino	Patients:	18
<14 yrs	0	0	0	Native	American/ Indian:	0	Non-Hispanic L	atino Patien	152
15-44 yr	14	7	21	Black/	African American :	139	Unknown Ethni	city Patients	0
45-64 yr	43	26	69	Hawaii	an /Pacific Islande	0	TOTAL:		170
65-74 yr	16	24	40	White:		31			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Unknown:

TOTAL:

Ownership, Management and General Information

Fresenius Medical Care Bolingbrook Name: 329 Remington Boulevard, Suite 110 Address:

Bolingbrook City:

Will County: HSA: 9 Medicare ID: 14-2605

WSKC Dialysis Services, Inc. **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Remington Development Partners, LLC

Other Ownership:

Medical Director Name: Dr. David Schlieben **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT					
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	32				
Certified Stations by CMS:	24	Regsitered Nurse :	9				
Peak Authorized Stations Operated:	24	Dialysis Technician :	12				
Authorized Stations Setup and Staffed in Oct 1-7:	23	Dietician :	1				
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1				
(subset of authorized stations)		LPN:	0				
Number of Shifts Operated per day		Other Health :	0				
		Other Non-Health:	2				
Dialysis Station Utilization for the Week of Oct 1 - 7							

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	18	0	18	
Number of Patients Treated	59	55	58	59	60	0	56	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 134 In-Center Treatments in calendar year: 18,502 (Beginning patients) **Number of Missed Treatments:** 252

Average Daily Treatments: Patients treated as of 12/31/2013: 118

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 202 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY **USE RATE for the FACILITY**

ADDITIONO TO THE LAC	<u>/ L </u>	EGGGEG TO THO I ATOLETT I		OOL NATE TO THE LAGIETT	
New Patients:	42	Recovered patients:	1	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	24	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	82%
Patients Re-Started:	1	Patients transferred out:	64	Use Rate (including Missed Treatments):	83%
Post-Transplant Patien	1	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	93%
Total:	68	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	82%
		Patients deceased:	12	Renal Network Use Rate:	83%
		Total:	84		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	65.8%	6.4%	22.8%	4.0%	1.0%	100.0%	0.0%
Patient	133	13	46	8	2	202	0
1/1/2012 to 12/31/2012	40.2%	4.6%	54.5%	0.7%	0.0%	100.0%	0.0%
Net Revenue	\$3,460,277	\$395,666	\$4,689,295	\$59,929	\$0	\$8,605,168	\$0
Patients by Age	and Sex		Patients by Rac	e	Pat	ients by Ethnicit	v

Pat	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	24	Hispanic Latino Patients:	37	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	165	
15-44 yr	23	10	33	Black/ African American :	69	Unknown Ethnicity Patients	0	
45-64 yr	43	27	70	Hawaiian /Pacific Islande	1	TOTAL:	202	
65-74 yr	28	28	56	White:	107			
75 < yrs	19	24	43	Unknown:	0			
Total	113	89	202	TOTAL:	202			

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Ownership, Management and General Information

Name: Fresenius Medical Care Breese

Address: 160 N. Main Street

City: Breese
County: Clinton
HSA: 11
Medicare ID: 14-2637

Legal Entity Operator:

RAI Care Centers of Illinois I, LLC

1

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: Kids College Two, LLC

Other Non-Health:

Other Ownership:

Medical Director Name: Dr. Matthew Koch Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME I	EQUIVALENT
Authorized Stations as of 12/31/2013:	8	Full-Time Work Week:	32
	_		_

Certified Stations by CMS: 8 Regsitered Nurse: **Peak Authorized Stations Operated:** 8 Dialysis Technician: 2 Authorized Stations Setup and Staffed in Oct 1-7: 8 Dietician: 0 Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	15	0	15	0	0	15
Number of Patients Treated	0	17	0	18	0	0	18

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 22 In-Center Treatments in calendar year: 2,997 (Beginning patients) Number of Missed Treatments: 13
Patients treated as of 12/31/2013: 40 Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

270.0

Total Unduplicated patients 41 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: 10 Recovered patients: 2 Treatment Capacity/year (based on Stations): 7,488 **Transient Patients:** 7 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 40% Patients Re-Started: 0 Patients transferred out: 8 Use Rate (including Missed Treatments): 40% **Post-Transplant Patien** 0 Patients voluntarily discontinued 5 Use Rate (Begining patients treated): 46% Total: 17 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 40% Patients deceased: **Renal Network Use Rate:** 40% 4 Total: 19

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	68.3%	2.4%	26.8%	2.4%	0.0%	100.0%	0.0%
Patient	28	1	11	1	0	41	0
1/1/2012 to 12/31/2012	33.0%	0.0%	67.0%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$577,756	\$0	\$1,171,136	\$0	\$0	\$1,748,892	\$0

		+,-		¥+, ++, ++, +++	**	¥1,1.10,00=	**	
Patients by Age and Sex			Patients by R	<u>tace</u>	Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0	
<14 yrs	0	0	0	Native American/ Indian	: 0	Non-Hispanic Latino Patien	41	
15-44 yr	1	1	2	Black/ African American	: 2	Unknown Ethnicity Patients	0	
45-64 yr	7	5	12	Hawaiian /Pacific Island	e 0	TOTAL:	41	
65-74 yr	5	6	11	White:	39			
75 < yrs	9	7	16	Unknown:	0			
Total	22	19	41	TOTAL:	41			

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Ownership, Management and General Information

Fresenius Medical Care Bridgeport Name:

825 West 35th Street Address:

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2524

Fresenius Medical Care Chicagoland, LLC **Legal Entity Operator:**

Legal Entity Owner:

Limited Liability Company

17

64

0

0

17

73

Ownership Type: **Property Owner:** BRIDGEPORT ASSOCIATES, LLC

Other Ownership:

Dr. Maria Sobrero **Medical Director Name: Provides Incenter Noctural Dialysis:**

17

70

STATION INFORMATION	FACILITY STAFFING - FU	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	27	Full-Time Work Week:	32		
Certified Stations by CMS:	27	Regsitered Nurse :	8		
Peak Authorized Stations Operated:	27	Dialysis Technician :	16		
Authorized Stations Setup and Staffed in Oct 1-7:	27	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		
(subset of authorized stations)		LPN:	1		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	2		

17

64

Facility Utilization Information

Hours operated

Number of Patients Treated

Facility Reported Patient Information Facility Reported Treatment Information

17

69

21,437 Patients treated as of 1/1/2013: 149 In-Center Treatments in calendar year: (Beginning patients) **Number of Missed Treatments:** 1,056

Average Daily Treatments: Patients treated as of 12/31/2013: 147

17

65

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 204

treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients:	44	Recovered patients:	1	Treatment Capacity/year (based on Stations):	25,272
Transient Patients:	4	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	85%
Patients Re-Started:	1	Patients transferred out:	33	Use Rate (including Missed Treatments):	89%
Post-Transplant Patien	1	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	92%
Total:	50	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	91%
		Patients deceased:	13	Renal Network Use Rate:	90%
		Total:	52		

Patients and Net Revenue by Payor Source

		Medicar	e Me	dicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		60.39	6	25.0%	11.3%	2.5%	1.0%	100.0%	0.0%
Patient		12	3	51	23	5	2	204	0
1/1/2012 to 12	2/31/2012	50.09	6	22.9%	26.3%	0.7%	0.1%	100.0%	0.0%
Net Revenue		\$3,495,763	\$1,597	,926	\$1,838,445	\$45,478	\$9,918	\$6,987,530	\$0
<u>Patie</u>	ents by Ag	e and Sex			Patients by Race	<u>e</u>	<u>Pat</u>	ients by Ethnicit	¥
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	17	Hispanic Latino	Patients:	56
<14 vrs	0	0	0	Nativ	e American/ Indian:	1	Non-Hispanic L	atino Patien	148

<u>Pat</u>	ients by Ag	<u>je and Sex</u>		Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	17	Hispanic Latino Patients:	56		
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	148		
15-44 yr	19	15	34	Black/ African American :	109	Unknown Ethnicity Patients	0		
45-64 yr	35	48	83	Hawaiian /Pacific Islande	2	TOTAL:	204		
65-74 yr	28	18	46	White:	75				
75 < yrs	20	21	41	Unknown:	0				
Total	102	102	204	TOTAL:	204				

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Ownership, Management and General Information

Name: Fresenius Medical Care Burbank

Address: 4811 W. 77th Street

City: Burbank
County: Cook
HSA: 7
Medicare ID: 14-2641

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Burbank Town Center

Other Ownership:

Medical Director Name: Dr. Vinitha Raghavan Provides Incenter Noctural Dialysis:

STATION INFORMATION			FACILITY	STAFFING	- FULL TIM	<u>IE EQUIVALENT</u>
Authorized Stations as of 12/31/2013:	26		Full-Time Work Week:			32
Certified Stations by CMS:	26		Regsiter	ed Nurse :		7
Peak Authorized Stations Operated:	26		Dialysis	Technician	:	17
Authorized Stations Setup and Staffed in Oct 1-7:	26		Dieticiar	1 :		1
Isolation Stations Set up in Oct 1-7:	2		Social W	/orker:		1
(subset of authorized stations)			LPN:			0
Number of Shifts Operated per day			Other He	ealth:		0
			Other No	on-Health:		3
<u>Dialysis Station</u>	Utilization for t	ne Week of		Jii-i leaitii.		3
Date of Operation Oct	1 Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	17	0	17
Number of Patients Treated	56	68	50	66	55	0	70

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 133 In-Center Treatments in calendar year: 18,630 (Beginning patients) Number of Missed Treatments: 381 Patients treated as of 12/31/2013: 439 Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

270.0

Total Unduplicated patients 159

Medicare

76

159

Medicaid

treated in calendar year:

ADDITIONS to the FACILITY

83

Total

LOSSES to the FACILITY USE RATE for the FACILITY

Private Pay

159

Other Public

TOTAL

Charity Care

New Patients:	52	Recovered patients:	1	Treatment Capacity/year (based on Stations):	24,336
Transient Patients:	10	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	77%
Patients Re-Started:	1	Patients transferred out:	29	Use Rate (including Missed Treatments):	78%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	85%
Total:	63	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	88%
		Patients deceased:	11	Renal Network Use Rate:	89%
		Total:	44		

Patients and Net Revenue by Payor Source

Private Insurance

								_	
		60.4	!%	15.7%	22.0%	1.9%	0.0%	100.0%	0.0%
Patient		Ç	96	25	35	3	0	159	0
1/1/2012 to	12/31/2012	48.3	1%	8.4%	43.2%	0.0%	0.0%	100.0%	0.0%
Net Revenue	!	\$2,825,055	\$49	3,515	\$2,525,373	\$316	\$0	\$5,844,259	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	<u>.</u> !
AGE GROUPS	MALE	FEMALE	TOTAL	Asian F	Patients:	1	Hispanic Latino	Patients:	37
<14 yrs	0	0	0	Native A	American/ Indian:	0	Non-Hispanic La	atino Patien	116
15-44 yr	6	8	14	Black/	African American :	52	Unknown Ethnic	city Patients	6
45-64 yr	34	17	51	Hawaiia	an /Pacific Islande	0	TOTAL:		159
65-74 yr	36	38	74	White:		97			
75 < yrs	7	13	20	Unknov	wn:	9			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

TOTAL:

Ownership, Management and General Information

Name: Fresenius Medical Care Carbondale

Address: 725 South Lewis Lane

City: Carbondale
County: Jackson
HSA: 5
Medicare ID: 14-2514

Legal Entity Operator:

Bio-Medical Applications of Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Lewis Lane, LLC

Other Ownership:

Medical Director Name: Dr. Randy Cowart Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	32			
Certified Stations by CMS:	24	Regsitered Nurse :	5			
Peak Authorized Stations Operated:	24	Dialysis Technician :	8			
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1			
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1			
(subset of authorized stations)		LPN:	0			
Number of Shifts Operated per day		Other Health :	0			
		Other Non-Health:	3			

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	10	15	10	15	10	0	15	
Number of Patients Treated	37	43	15	44	36	0	46	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 86 In-Center Treatments in calendar year: 12,158 (Beginning patients) Number of Missed Treatments: 1,228

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 380.0

Total Unduplicated patients 151 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	55	Recovered patients:	9	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	18	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	54%
Patients Re-Started:	0	Patients transferred out:	37	Use Rate (including Missed Treatments):	60%
Post-Transplant Patien	0	Patients voluntarily discontinued	8	Use Rate (Begining patients treated):	60%
Total:	73	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	60%
		Patients deceased:	16	Renal Network Use Rate:	59%
		Total:	71		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	67.5%	7.9%	15.2%	2.6%	6.6%	100.0%	0.0%
Patient	102	12	23	4	10	151	0
1/1/2012 to 12/31/2012	69.2%	4.4%	20.3%	0.1%	5.9%	100.0%	0.0%
Net Revenue	\$3,764,650	\$240,320	\$1,106,874	\$5,173	\$323,164	\$5,440,182	\$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients: 1		Hispanic Latino Patients:	5	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	146	
15-44 yr	8	9	17	Black/ African American :	50	Unknown Ethnicity Patients	0	
45-64 yr	28	25	53	Hawaiian /Pacific Islande	0	TOTAL:	151	
65-74 yr	25	16	41	White:	100			
75 < yrs	17	23	40	Unknown:	0			
Total	78	73	151	TOTAL:	151			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Champaign
Address: 1405 West Park Street, Suite 100

City: Urbana
County: Champaign

HSA: 4 **Medicare ID:** 14-2588

Legal Entity Operator:

Renal Research Institute, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: HSA

Other Ownership:

Medical Director Name: Dr. Abdel-Moneim Attia
Provides Incenter Noctural Dialysis:

17

64

12

42

0

0

17

63

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT								
Authorized Stations as of 12/31/2013:	25		Full-Time Work Week:			32				
Certified Stations by CMS:	25		Regsiter	ed Nurse :		8				
Peak Authorized Stations Operated:	25		Dialysis	Technician	16					
Authorized Stations Setup and Staffed in Oct 1-7:	25		Dieticiar):	1					
Isolation Stations Set up in Oct 1-7:	2		Social Worker:			1				
(subset of authorized stations)			LPN:			1				
Number of Shifts Operated per day			Other Health :			0				
			Other No	on-Health:		2				
Dialysis Station Utilization for the Week of Oct 1 - 7										
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7				

12

37

Number of Patients Treated 42

Hours operated

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

17

60

Patients treated as of 1/1/2013: 121 In-Center Treatments in calendar year: 15,954 (Beginning patients) Number of Missed Treatments: 180
Patients treated as of 12/31/2013: 400 Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

240.0

Total Unduplicated patients 173 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

12

New Patients: 37 Recovered patients: 6 Treatment Capacity/year (based on Stations): 23,400 **Transient Patients:** 18 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 68% 27 Patients Re-Started: 9 Patients transferred out: Use Rate (including Missed Treatments): 69% **Post-Transplant Patien** 0 Patients voluntarily discontinued 9 Use Rate (Begining patients treated): 81% Total: 64 Patients lost to follow up: 31 Use Rate (Year end Patients/Stations*6): 73% Patients deceased: **Renal Network Use Rate:** 5 73% Total: 80

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	75.1%	8.1%	14.5%	1.2%	1.2%	100.0%	0.0%
Patient	130	14	25	2	2	173	0
1/1/2012 to 12/31/2012	33.7%	2.8%	62.6%	0.0%	0.8%	100.0%	0.0%
Net Revenue	\$4,020,678	\$337,595	\$7,474,057	\$0	\$97,709	\$11,930,039	\$0
Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS MALE FEMALE TOTAL		TAL Asian	Asian Patients:		Hispanic Latino Patients:		3
_	_	_		_			

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	123	
15-44 yr	11	14	25	Black/ African American :	96	Unknown Ethnicity Patients	47	
45-64 yr	38	27	65	Hawaiian /Pacific Islande	0	TOTAL:	173	
65-74 yr	24	31	55	White:	77			
75 < yrs	9	19	28	Unknown:	0			
Total	82	91	173	TOTAL:	173			

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Ownership, Management and General Information

Fresenius Medical Care Chatham Name:

8710 S. Holland Road Address:

City: Chicago Cook County: HSA. 6 Medicare ID: 14-2744 **Legal Entity Operator:**

Fresenius Medical Care Chatham, LLC

280.0

TOTAL

Charity Care

Legal Entity Owner:

Limited Liability Company Ownership Type: **Property Owner:** 333 W. 87th Street, LLC

Other Ownership:

Medical Director Name: Dr. Sreedevi Chittineni **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32		
Certified Stations by CMS:	16	Regsitered Nurse :	3		
Peak Authorized Stations Operated:	16	Dialysis Technician :	7		
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0		
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	1		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	13	12	13	12	0	13	
Number of Patients Treated	20	28	25	26	22	0	30	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: In-Center Treatments in calendar year: 7.604 6 (Beginning patients) **Number of Missed Treatments:** 240

Average Daily Treatments: Patients treated as of 12/31/2013: 51 (Ending patients) Average Treatment Time (min):

Total Unduplicated patients 91 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY

Medicare

USE RATE for the FACILITY New Patients: 45 Recovered patients: 0 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 16 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 51% Patients Re-Started: 0 Patients transferred out: 20 Use Rate (including Missed Treatments): 52% **Post-Transplant Patien** 2 Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 6% Total: 63 Patients lost to follow up: 1 Use Rate (Year end Patients/Stations*6): 53% Patients deceased: 7 **Renal Network Use Rate:** 64%

> Total: 29

> > Medicaid

Patients and Net Revenue by Payor Source

Private Pay

Other Public

Private Insurance

		53	.8%	9.9%	29.7%	5.5%	1.1%	100.0%	0.0%
Patient			49	9	27	5	1	91	0
1/1/2012 to	12/31/2012	0	.4%	0.0%	99.6%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$1,10)2	\$0	\$263,318	\$0	\$0	\$264,421	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		Patie	ents by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	tients:	0	Hispanic Latino I	Patients:	0
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic La	tino Patien	91
15-44 yr	15	6	21	Black/ At	rican American :	91	Unknown Ethnici	ity Patients	0
45-64 yr	16	12	28	Hawaiiar	/Pacific Islande	0	TOTAL:		91
65-74 yr	10	8	18	White:		0			
75 < yrs	14	10	24	Unknow	n :	0			
Total	55	36	91	TOTAL:		91			

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Ownership, Management and General Information

Fresenius Medical Care Chicago Name:

820 West Jackson Address:

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2506

Legal Entity Operator:

WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** 820 W. Jackson, LLC

Other Ownership:

Medical Director Name: Dr. George Dunea **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT						
Authorized Stations as of 12/31/2013:	21	Full-Time Work Week:	32					
Certified Stations by CMS:	21	Regsitered Nurse :	3					
Peak Authorized Stations Operated:	21	Dialysis Technician :	6					
Authorized Stations Setup and Staffed in Oct 1-7:	21	Dietician :	0					
Isolation Stations Set up in Oct 1-7:	3	Social Worker:	0					
(subset of authorized stations)		LPN:	1					
Number of Shifts Operated per day		Other Health :	0					
		Other Non-Health:	1					
Dialysis Station Utilization for the Week of Oct 1 - 7								

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	17	12	17	12	0	17	
Number of Patients Treated	21	34	20	37	17	0	37	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 71 9.297 (Beginning patients) **Number of Missed Treatments:** 1.444

Average Daily Treatments: Patients treated as of 12/31/2013: 66

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 105 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ABBITIONS to the 17th	/			<u>002 11,112 101 1110 1710 1211 1</u>	
New Patients:	5	Recovered patients:	0	Treatment Capacity/year (based on Stations):	19,656
Transient Patients:	19	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	47%
Patients Re-Started:	3	Patients transferred out:	0	Use Rate (including Missed Treatments):	55%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	56%
Total:	27	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	52%
		Patients deceased:	9	Renal Network Use Rate:	51%
		Total:	11		

Patients and Net Revenue by Payor Source

		Medica	re M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		52.4	1%	32.4%	11.4%	3.8%	0.0%	100.0%	0.0%
Patient			55	34	12	4	0	105	0
1/1/2012 to	12/31/2012	47.4	1 %	41.0%	10.0%	1.5%	0.1%	100.0%	0.0%
Net Revenue		\$1,373,912	2 \$1,18	9,327	\$289,701	\$43,747	\$2,114	\$2,898,802	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	Ĺ
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	1	Hispanic Latino	Patients:	43
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	62
15-44 yr	20	10	30	Black	/ African American :	56	Unknown Ethni	city Patients	0

<u> </u>	IIIGIII2 DY AL	<u>je aliu Sex</u>		Fallelius by Nace		Fallents by Ethinicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	43	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	62	
15-44 yr	20	10	30	Black/ African American :	56	Unknown Ethnicity Patients	0	
45-64 yr	29	16	45	Hawaiian /Pacific Islande	0	TOTAL:	105	
65-74 yr	15	5	20	White:	48			
75 < yrs	6	4	10	Unknown:	0			
Total	70	35	105	TOTAL:	105			

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Ownership, Management and General Information

Fresenius Medical Care Cicero Name:

3000 S. Cicero Avenue Address:

Cicero City: Cook County: HSA: Medicare ID: 14-2754 **Legal Entity Operator:**

Fresenius Medical Care Cicero, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Stuart B. Lenhoff

Other Ownership:

Medical Director Name: Dr. Matthew Anderson **Provides Incenter Noctural Dialysis:**

11

0

Other Bublic

0

11

TOTAL

Charity Caro

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT					<u>ENT</u>
Authorized Stations as of 12/31/2013:	16		Full-Time Work Week:				32
Certified Stations by CMS:	16		Regsiter	ed Nurse :			2
Peak Authorized Stations Operated:	8		Dialysis	Technician	:		3
Authorized Stations Setup and Staffed in Oct 1-7:	8		Dieticiar	1 :			0
Isolation Stations Set up in Oct 1-7:	1		Social Worker:				0
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other Health :				0
			Other No	on-Health:			1
<u>Dialysis Station U</u>	tilization for tl	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 0	12	0	12	0	0	12	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

0

Patients treated as of 1/1/2013: 0 In-Center Treatments in calendar year: 1,033 (Beginning patients) **Number of Missed Treatments:** 8

11

Average Daily Treatments: Patients treated as of 12/31/2013: 20

Modicaid

Modicaro

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 23 treated in calendar year:

Number of Patients Treated

LOSSES to the FACILITY USE RATE for the FACILITY

Drivato Day

0

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	22	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	7%
Patients Re-Started:	1	Patients transferred out:	3	Use Rate (including Missed Treatments):	7%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	0%
Total:	23	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	21%
		Patients deceased:	0	Renal Network Use Rate:	21%
		Total:	3		

Patients and Net Revenue by Payor Source

Private Incurance

		weak	care	viedicaid	Private insurance	Private Pay	Other Public	IOTAL	Charity Care
		47	7.8%	26.1%	26.1%	0.0%	0.0%	100.0%	0.0%
Patient			11	6	6	0	0	23	0
1/1/2012 to 1	12/31/2012	# / \	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue		;	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pat	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Patier</u>	nts by Ethnicit	L
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino Pa	atients:	22
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Lati	no Patien	1
15-44 yr	2	2	4	Black	/ African American :	1	Unknown Ethnicity	y Patients	0
45-64 yr	10	4	14	Hawa	iian /Pacific Islande	0	TOTAL:		23
65-74 yr	2	1	3	White) :	22			
75 < yrs	1	1	2	Unkn	own:	0			
Total	15	8	23	TOTA	L:	23			

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Ownership, Management and General Information

Fresenius Medical Care Congress Parkway Name:

3410 West Van Buren Address:

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2631

Legal Entity Operator:

WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

CMGS, LLC **Property Owner:**

Other Ownership:

Dr. Asad Bakir **Medical Director Name: Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT						
Authorized Stations as of 12/31/2013:	30	Full-Time Work Week:	32					
Certified Stations by CMS:	30	Regsitered Nurse :	5					
Peak Authorized Stations Operated:	30	Dialysis Technician :	14					
Authorized Stations Setup and Staffed in Oct 1-7:	30	Dietician :	1					
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1					
(subset of authorized stations)		LPN:	1					
Number of Shifts Operated per day		Other Health :	0					
		Other Non-Health:	1					
Dialysis Station Utilization for the Week of Oct 1 - 7								

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	18	14	18	14	0	18	
Number of Patients Treated	48	74	52	72	51	0	73	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 128 In-Center Treatments in calendar year: 19.301 (Beginning patients) **Number of Missed Treatments:** 713

Average Daily Treatments: Patients treated as of 12/31/2013: 143

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 178 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY

USE RATE for the FACILITY New Patients: 32 Recovered patients: 3 Treatment Capacity/year (based on Stations): 28,080 **Transient Patients:** 2 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 69% Patients Re-Started: 0 Patients transferred out: 28 Use Rate (including Missed Treatments): 71% **Post-Transplant Patien** 2 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 71% Total: 36 Patients lost to follow up: 2 Use Rate (Year end Patients/Stations*6): 79% Patients deceased: 12 **Renal Network Use Rate:** 79% Total: 47

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	55.6%	23.0%	12.4%	9.0%	0.0%	100.0%	0.0%
Patient	99	41	22	16	0	178	0
1/1/2012 to 12/31/2012	55.8%	19.8%	24.0%	0.1%	0.3%	100.0%	0.0%
Net Revenue	\$2,773,309	\$986,698	\$1,191,440	\$6,537	\$13,560	\$4,971,544	\$0
		1		1			

<u>Pat</u>	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	31	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	147	
15-44 yr	18	21	39	Black/ African American :	146	Unknown Ethnicity Patients	0	
45-64 yr	39	42	81	Hawaiian /Pacific Islande	0	TOTAL:	178	
65-74 yr	16	13	29	White:	32			
75 < yrs	13	16	29	Unknown:	0			
Total	86	92	178	TOTAL:	178			

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Ownership, Management and General Information

Name: Fresenius Medical Care Crestwood

Address: 4861 Cal Sag Road

 City:
 Crestwood

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2538

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

2

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Centro Bradley

Other Ownership:

Medical Director Name: Dr. Ronald Hamburger Provides Incenter Noctural Dialysis:

Other Non-Health:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	32		
Certified Stations by CMS:	24	Regsitered Nurse :	5		
Peak Authorized Stations Operated:	24	Dialysis Technician :	13		
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	2	Social Worker:	1		
(subset of authorized stations)		LPN:	1		
Number of Shifts Operated per day		Other Health :	0		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	18	17	17	0	17
Number of Patients Treated	46	59	45	61	46	0	61

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 121 In-Center Treatments in calendar year: 16,176 (Beginning patients) Number of Missed Treatments: 751

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 240.0

Total Unduplicated patients 170 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	53	Recovered patients:	3	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	14	Transplant Recipients:	9	Use Rate (Treatments/Treatment capacity):	72%
Patients Re-Started:	0	Patients transferred out:	53	Use Rate (including Missed Treatments):	75%
Post-Transplant Patien	0	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	84%
Total:	67	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	74%
		Patients deceased:	24	Renal Network Use Rate:	74%
		Total:	93		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	68.2%	3.5%	22.9%	3.5%	1.8%	100.0%	0.0%
Patient	116	6	39	6	3	170	0
1/1/2012 to 12/31/2012	58.6%	3.6%	36.3%	0.2%	1.3%	100.0%	0.0%
Net Revenue	\$3,343,063	\$202,724	\$2,069,163	\$9,725	\$75,390	\$5,700,065	\$0
Patients by Age	and Sex		Patients by Race	2	<u>Pat</u>	tients by Ethnicity	!
AGE GROUPS MALE	FEMALE TOT	ΓΔI Δsian	Patients:	0	Hisnanic Latino	Patients:	11

<u>Pat</u>	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	11	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	149	
15-44 yr	14	5	19	Black/ African American :	59	Unknown Ethnicity Patients	10	
45-64 yr	34	19	53	Hawaiian /Pacific Islande	0	TOTAL:	170	
65-74 yr	29	17	46	White:	92			
75 < yrs	21	31	52	Unknown:	19			
Total	98	72	170	TOTAL:	170			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Decatur East Name:

1830 South 44th Street Address:

Decatur City: Macon County: HSA: Medicare ID: 14-2603 **Legal Entity Operator:**

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner: Decatur Memorial Hospital**

Other Ownership:

Medical Director Name: Dr. Mohammed Dawood

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	3
Peak Authorized Stations Operated:	12	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	12	0	12
Number of Patients Treated	19	22	20	21	16	0	22

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 41 In-Center Treatments in calendar year: 6,213 (Beginning patients) **Number of Missed Treatments:** 97 **Average Daily Treatments:** Patients treated as of 12/31/2013: 43 (Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 71 treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY ADDITIONS to the FACILITY

New Patients:	11	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	19	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	55%
Patients Re-Started:	0	Patients transferred out:	17	Use Rate (including Missed Treatments):	56%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	57%
Total:	30	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	60%
		Patients deceased:	9	Renal Network Use Rate:	61%
		Total:	28		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	84.5%	1.4%	11.3%	2.8%	0.0%	100.0%	0.0%
Patient	60	1	8	2	0	71	0
1/1/2012 to 12/31/2012	77.7%	1.8%	20.1%	0.4%	0.0%	100.0%	0.0%
Net Revenue	\$1,214,962	\$28,527	\$314,296	\$6,482	\$0	\$1,564,267	\$0
Patients by Age and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	Υ

Pat	ients by Ac	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	71	
15-44 yr	2	2	4	Black/ African American :	14	Unknown Ethnicity Patients	0	
45-64 yr	16	11	27	Hawaiian /Pacific Islande	0	TOTAL:	71	
65-74 yr	10	8	18	White:	57			
75 < yrs	11	11	22	Unknown:	0			
Total	39	32	71	TOTAL:	71			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Des Plaines Name:

1625 Oakton Place Address:

Des Plaines City: Cook County: HSA: **Medicare ID:** 14-0001

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** WASHINGTON CENTER LLC 1

Other Ownership:

Medical Director Name: Dr. Daniel Kniaz **Provides Incenter Noctural Dialysis:**

STATION INFORMATION				
12	Full-Time Work Week:	32		
0	Regsitered Nurse :	1		
1	Dialysis Technician :	1		
1	Dietician :	0		
0	Social Worker:	0		
	LPN:	0		
	Other Health :	0		
	Other Non-Health:	1		
	^_	0 Regsitered Nurse: 1 Dialysis Technician: 1 Dietician: 0 Social Worker: LPN: Other Health:		

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	8	0	8	0	8	0	0
Number of Patients Treated	1	0	1	0	1	0	0

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information Patients treated as of 1/1/2013: 0 In-Center Treatments in calendar year: 64 (Beginning patients) **Number of Missed Treatments:** 3 **Average Daily Treatments:** Patients treated as of 12/31/2013: 1 (Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY			USE RATE for the FACILITY		
New Patients:	1	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	1%
Patients Re-Started:	0	Patients transferred out:	0	Use Rate (including Missed Treatments):	1%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	0%
Total:	1	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	1%
		Patients deceased:	0	Renal Network Use Rate:	1%
		Total:	0		

Patients and Net Revenue by Payor Source

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Other Bublic

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Charity Caro

Drivato Incuranco

Modicaid

Modicaro

		weak	are i	viedicaid	Private insurance	Private Pay	Other Public	IOTAL	Charity Care
		0	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Patient			0	0	1	0	0	1	0
1/1/2012 to 1	12/31/2012	# / \	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue		;	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Patients by Age and Sex				Patients by Rac	<u>e</u>	<u>Patier</u>	nts by Ethnicity	<u></u>	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino Pa	atients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Lati	no Patien	1
15-44 yr	0	0	0	Black	/ African American :	0	Unknown Ethnicity	y Patients	0
45-64 yr	1	0	1	Hawa	iian /Pacific Islande	0	TOTAL:		1
65-74 yr	0	0	0	White	e:	1			
75 < yrs	0	0	0	Unkn	own:	0			
Total	1	0	1	TOTA	۸L:	1			

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Ownership, Management and General Information

Fresenius Medical Care Downers Grove Name:

3825 Highland Avenue, Ste 102 Address:

Downers Grove City:

DuPage County: HSA:

Medicare ID: 14-2503 **Legal Entity Operator:** WSKC Dialysis Services, Inc.

Legal Entity Owner:

For Profit Corporation

Ownership Type: **Property Owner:** VTR DOWNERS GROVE POB HOLDINGS, LLC

Other Ownership:

Medical Director Name: Dr. Naresh Julka **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT					
Authorized Stations as of 12/31/2013:	19	Full-Time Work Week:	32			
Certified Stations by CMS:	19	Regsitered Nurse :	5			
Peak Authorized Stations Operated:	19	Dialysis Technician :	8			
Authorized Stations Setup and Staffed in Oct 1-7:	19	Dietician :	1			
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1			
(subset of authorized stations)		LPN:	0			
Number of Shifts Operated per day		Other Health :	0			
		Other Non-Health:	2			
Dialysis Station Utilization for the Week of Oct 1 - 7						

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	18	12	18	12	0	18
Number of Patients Treated	24	48	20	51	23	0	50

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 86 In-Center Treatments in calendar year: 11,694 (Beginning patients) **Number of Missed Treatments:** 184

Average Daily Treatments: Patients treated as of 12/31/2013: 72

26

52

134

White:

TOTAL:

Unknown:

15

26

63

Average Treatment Time (min): (Ending patients) 300.0

Total Unduplicated patients 134 treated in calendar year:

11

26

71

65-74 yr

75 < yrs

Total

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients:	32	Recovered patients:	3	Treatment Capacity/year (based on Stations):	17,784
Transient Patients:	17	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	66%
Patients Re-Started:	1	Patients transferred out:	42	Use Rate (including Missed Treatments):	67%
Post-Transplant Patien	0	Patients voluntarily discontinued	7	Use Rate (Begining patients treated):	75%
Total:	50	Patients lost to follow up:	9	Use Rate (Year end Patients/Stations*6):	63%
		Patients deceased:	0	Renal Network Use Rate:	64%
		Total:	64		

Patients and Net Revenue by Payor Source

		Medic	care	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		69	0.4%	6.0%	18.7%	4.5%	1.5%	100.0%	0.0%
Patient			93	8	25	6	2	134	0
1/1/2012 to 1	12/31/2012	59	0.7%	4.6%	34.6%	0.7%	0.4%	100.0%	0.0%
Net Revenue		\$2,659,23	38 \$2	203,586	\$1,540,052	\$31,847	\$17,306	\$4,452,029	\$0
Pat	tients by Ag	e and Sex			Patients by Race	1	<u>Pat</u>	ients by Ethnicit	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	9	Hispanic Latino	Patients:	12
<14 yrs	0	0	0	Nativ	e American/ Indian:	1	Non-Hispanic La	atino Patien	122
15-44 yr	7	4	11	Black	/ African American :	10	Unknown Ethnic	city Patients	0
45-64 vr	27	18	45	Hawa	iian /Pacific Islande	1	TOTAL ·		134

113

134

0

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Ownership, Management and General Information

Fresenius Medical Care DuPage West Name:

450 E. Roosevelt Rd., Ste. 101 Address:

West Chicago City: DuPage County: HSA: Medicare ID: 14-2509

WSKC Dialysis Services, Inc. **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Midland Ventures, LLC

Other Ownership:

Medical Director Name: Dr. Gregory Kozeny **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME E	FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32			
Certified Stations by CMS:	16	Regsitered Nurse :	6			
Peak Authorized Stations Operated:	16	Dialysis Technician :	7			
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1			
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1			
(subset of authorized stations)		LPN:	1			
Number of Shifts Operated per day		Other Health :	0			
		Other Non-Health:	2			
Dialysis Station Utilization for the Week of Oct 1 - 7						

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	18	12	18	12	0	18	
Number of Patients Treated	33	43	32	41	29	0	43	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 73 In-Center Treatments in calendar year: 11,057 (Beginning patients) **Number of Missed Treatments:** 780

Average Daily Treatments: Patients treated as of 12/31/2013: 72

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 120

treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients:	21	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	11	Transplant Recipients:	8	Use Rate (Treatments/Treatment capacity):	74%
Patients Re-Started:	22	Patients transferred out:	45	Use Rate (including Missed Treatments):	79%
Post-Transplant Patien	4	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	76%
Total:	58	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	75%
		Patients deceased:	15	Renal Network Use Rate:	72%
		Total:	70		

Patients and Net Revenue by Payor Source

		Medic	are Me	dicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		53.	3%	14.2%	25.8%	6.7%	0.0%	100.0%	0.0%
Patient			64	17	31	8	0	120	0
1/1/2012 to 1	2/31/2012	38.	0%	7.6%	54.2%	0.2%	0.0%	100.0%	0.0%
Net Revenue		\$2,363,97	7 \$47	1,208	\$3,371,564	\$14,831	\$0	\$6,221,579	\$0
<u>Pat</u>	Patients by Age and Sex				Patients by Race	y Race Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	n Patients:	4	Hispanic Latino	Patients:	49
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	71

<u> </u>	THEIRS DY AU	<u>je aliu Sex</u>		Fallelits by Nace		Fatients by Ethinicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	49	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	71	
15-44 yr	1	0	1	Black/ African American :	16	Unknown Ethnicity Patients	0	
45-64 yr	43	34	77	Hawaiian /Pacific Islande	1	TOTAL:	120	
65-74 yr	27	15	42	White:	99			
75 < yrs	0	0	0	Unknown:	0			
Total	71	49	120	TOTAL:	120			
				The state of the s				

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Ownership, Management and General Information

Fresenius Medical Care DuQuoin Name:

4 West Main Address: DuQuoin

City: Perry County: HSA: 5

Medicare ID: 14-2595 **Legal Entity Operator:**

Bio-Medical Applications of Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Adlac, LLC **Property Owner:**

Other Ownership:

Medical Director Name: Dr. Randy Cowart **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
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Authorized Stations as of 12/31/2013:	11	Full-Time Work Week:	32
Certified Stations by CMS:	11	Regsitered Nurse :	3
Peak Authorized Stations Operated:	11	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	11	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	8	10	8	10	8	0	10
Number of Patients Treated	9	16	6	17	6	0	17

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 26 In-Center Treatments in calendar year: 3,711 (Beginning patients) **Number of Missed Treatments:** 274

Average Daily Treatments: Patients treated as of 12/31/2013: 25

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 48 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the 17th	<u> </u>			<u>002 10/112 10/ 1/10 1/10/2/11 1</u>	
New Patients:	18	Recovered patients:	4	Treatment Capacity/year (based on Stations):	10,296
Transient Patients:	4	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	36%
Patients Re-Started:	0	Patients transferred out:	16	Use Rate (including Missed Treatments):	39%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	39%
Total:	22	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	38%
		Patients deceased:	2	Renal Network Use Rate:	38%
		Total:	23		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	75.0%	0.0%	8.3%	8.3%	8.3%	100.0%	0.0%
Patient	36	0	4	4	4	48	0
1/1/2012 to 12/31/2012	78.2%	0.2%	15.7%	0.2%	5.8%	100.0%	0.0%
Net Revenue	\$776,052	\$2,026	\$155,520	\$1,864	\$57,271	\$992,733	\$0
Patients by Age	and Sex	İ	Patients by Race		<u>Pati</u>	ents by Ethnicity	!
AGE GROUPS MALE	FEMALE TOTAL	Δsian	Patients:	0	Hispanic Latino	Patients:	0

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	48	
15-44 yr	2	0	2	Black/ African American :	3	Unknown Ethnicity Patients	0	
45-64 yr	10	6	16	Hawaiian /Pacific Islande	0	TOTAL:	48	
65-74 yr	9	6	15	White:	45			
75 < yrs	6	9	15	Unknown:	0			
Total	27	21	48	TOTAL:	48			

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Ownership, Management and General Information

Fresenius Medical Care East Peoria Name:

3300 North Main Address:

14-2562

Fast Peoria City: Tazewell County: HSA. 2

Medicare ID:

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Chicago Land Title Trust Co.

Other Ownership:

Medical Director Name: Dr. David Rosborough **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME	FING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	32	
Certified Stations by CMS:	24	Regsitered Nurse :	5	
Peak Authorized Stations Operated:	24	Dialysis Technician :	10	
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	1	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	13	13	13	13	0	13
Number of Patients Treated	35	48	35	48	35	0	48

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 78 In-Center Treatments in calendar year: 11.815 (Beginning patients) **Number of Missed Treatments:** 256

Average Daily Treatments: Patients treated as of 12/31/2013: 88

(Ending patients) Average Treatment Time (min): 280.0

Total Unduplicated patients 151 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY

USE RATE for the FACILITY New Patients: 58 Recovered patients: 2 Treatment Capacity/year (based on Stations): 22,464 **Transient Patients:** 14 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 53% Patients Re-Started: 0 Patients transferred out: 33 Use Rate (including Missed Treatments): 54% **Post-Transplant Patien** 1 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 54% Total: 73 Patients lost to follow up: 6 Use Rate (Year end Patients/Stations*6): 61% Patients deceased: **Renal Network Use Rate:** 17 63%

> Total: 63

Patients and Net Revenue by Payor Source

		Medic	are M	/ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		68.	9%	7.3%	19.2%	2.6%	2.0%	100.0%	0.0%
Patient		•	104	11	29	4	3	151	0
1/1/2012 to 1	2/31/2012	44.	6%	2.1%	52.8%	0.2%	0.3%	100.0%	0.0%
Net Revenue		\$3,565,71	8 \$1	67,118	\$4,225,008	\$14,981	\$27,031	\$7,999,856	\$0
<u>Pati</u>	ients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	У
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	2	Hispanic Latino Patients:		2
<14 vrs	0	0	0	Nativ	e American/ Indian	2	Non-Hispanic I	atino Patien	148

<u>Pat</u>	<u>ients by Ac</u>	<u>ge and Sex</u>		Patients by Race	Patients by Race Patients by Ethnicit		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	2	Non-Hispanic Latino Patien	148
15-44 yr	7	6	13	Black/ African American :	14	Unknown Ethnicity Patients	1
45-64 yr	25	23	48	Hawaiian /Pacific Islande	1	TOTAL:	151
65-74 yr	19	17	36	White:	131		
75 < yrs	29	25	54	Unknown:	1		
Total	80	71	151	TOTAL:	151		

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Ownership, Management and General Information

Name: Fresenius Medical Care Elgin

Address: 2130 Point Boulevard

City: Elgin
County: Kane
HSA: 8
Medicare ID: 14-2726

Legal Entity Operator:

Fresenius Medical Care Elgin, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: RP2 Limited Partnership

Other Ownership:

Medical Director Name: Dr. Raju Ray
Provides Incenter Noctural Dialysis:

STATION INFORMATION		<u> FACILITY STAFFING - FULL TIME I</u>	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2013:	14	Full-Time Work Week:	32

Certified Stations by CMS: 14 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 12 Dialysis Technician: 5 Authorized Stations Setup and Staffed in Oct 1-7: 12 Dietician: 1 Isolation Stations Set up in Oct 1-7: 1 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health . 0 Other Non-Health: 2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	15	15	15	15	0	15
Number of Patients Treated	26	33	26	32	26	0	32

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 28 In-Center Treatments in calendar year: 7,538 (Beginning patients) Number of Missed Treatments: 505

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 330.0

Total Unduplicated patients 103 treated in calendar year:

Total:

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: 48 Recovered patients: 1 Treatment Capacity/year (based on Stations): 13,104 2 **Transient Patients:** 24 **Transplant Recipients:** Use Rate (Treatments/Treatment capacity): 58% Patients Re-Started: 0 Patients transferred out: 35 Use Rate (including Missed Treatments): 61% **Post-Transplant Patien** 3 Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 33% Total: 75 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 75% Patients deceased: **Renal Network Use Rate:** 7 75%

Patients and Net Revenue by Payor Source

46

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	61.2%	11.7%	20.4%	5.8%	1.0%	100.0%	0.0%
Patient	63	12	21	6	1	103	0
1/1/2012 to 12/31/2012	36.9%	18.2%	42.1%	0.0%	2.8%	100.0%	0.0%
Net Revenue	\$612,260	\$302,050	\$698,476	\$0	\$46,906	\$1,659,692	\$0
Patients by Age and Sex			Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	У

Pat	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	9	Hispanic Latino Patients:	21	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	82	
15-44 yr	12	11	23	Black/ African American :	10	Unknown Ethnicity Patients	0	
45-64 yr	20	11	31	Hawaiian /Pacific Islande	0	TOTAL:	103	
65-74 yr	14	12	26	White:	84			
75 < yrs	13	10	23	Unknown:	0			
Total	59	44	103	TOTAL:	103			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Elk Grove
Address: 901 Biesterfield Road, Ste. 400

City: Elk Grove Village

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2507

Legal Entity Operator: WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation Property Owner: SEP Elk Grove, LLC

Other Ownership:

Medical Director Name: Dr. Lisa Pillsbury
Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2013:	28	Full-Time Work Week:	32			
Certified Stations by CMS:	28	Regsitered Nurse :	7			
Peak Authorized Stations Operated:	28	Dialysis Technician :	13			
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	2			
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1			
(subset of authorized stations)		LPN:	0			
Number of Shifts Operated per day		Other Health :	0			
		Other Non-Health:	3			

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	18	0	18	
Number of Patients Treated	59	70	61	66	61	0	71	

Facility Utilization Information

75 < yrs

Total

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 138 In-Center Treatments in calendar year: 20,800 (Beginning patients) Number of Missed Treatments: 1,478
Patients treated as of 12/31/2013: 147 Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 227

Medicare

26

81

67

227

treated in calendar year:

41

146

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

Medicaid

New Patients:	67	Recovered patients:	4	Treatment Capacity/year (based on Stations):	26,208
Transient Patients:	18	Transplant Recipients:	7	Use Rate (Treatments/Treatment capacity):	79%
Patients Re-Started:	3	Patients transferred out:	43	Use Rate (including Missed Treatments):	85%
Post-Transplant Patien	5	Patients voluntarily discontinued	8	Use Rate (Begining patients treated):	82%
Total:	93	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	88%
		Patients deceased:	22	Renal Network Use Rate:	88%
		Total:	84		

Patients and Net Revenue by Payor Source

Private Pav

0

227

Other Public

TOTAL Charity Care

Private Insurance

									Citating Care
		70.9	9%	5.7%	19.4%	3.1%	0.9%	100.0%	0.0%
Patient		1	61	13	44	7	2	227	0
1/1/2012 to	12/31/2012	54.2	2%	4.7%	40.7%	0.4%	0.0%	100.0%	0.0%
Net Revenue		\$3,976,286	\$34	3,002	\$2,985,687	\$30,712	\$0	\$7,335,687	\$0
Par	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	!
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	22	Hispanic Latino	Patients:	36
<14 yrs	0	0	0	Nativ	Native American/ Indian:		Non-Hispanic Latino Patien		191
15-44 yr	19	9	28	Black	d African American :	17	Unknown Ethnic	city Patients	0
45-64 yr	42	23	65	Hawa	iian /Pacific Islande	1	TOTAL:		227
65-74 yr	44	23	67	White	e:	186			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Unknown:

TOTAL:

Ownership, Management and General Information

Fresenius Medical Care Elmhurst Name: 133 E. Brush Hill Road, Ste 410 Address:

Flmhurst City: DuPage County: HSA: Medicare ID: 14-2612

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** HC Elmhurst West 1, LLC

Other Ownership:

Medical Director Name: Dr. Rukhsana Muneer **Provides Incenter Noctural Dialysis:**

STATION INFORMATION					
Authorized Stations as of 12/31/2013:	28	Full-Time Work Week:	32		
Certified Stations by CMS:	28	Regsitered Nurse :	5		
Peak Authorized Stations Operated:	28	Dialysis Technician :	8		
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	3		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	18	13	18	13	0	18
Number of Patients Treated	39	57	40	53	38	0	65

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 132 In-Center Treatments in calendar year: 16.845 (Beginning patients) **Number of Missed Treatments:** 410 **Average Daily Treatments:** Patients treated as of 12/31/2013: 97 (Ending patients) Average Treatment Time (min): 280.0

Total Unduplicated patients 214

Medicare

98

214

Medicaid

treated in calendar year:

116

Total

LOSSES to the EACH ITY LICE DATE for the EACH ITV

Private Pay

214

Other Public

TOTAL

Charity Care

ADDITIONS to the FACILITY LOSSES to the FACILITY			USE RATE for the FACILITY					
New Patients:	66	Recovered patients:	3	Treatment Capacity/year (based on Stations):	26,208			
Transient Patients:	15	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	64%			
Patients Re-Started:	1	Patients transferred out:	108	Use Rate (including Missed Treatments):	66%			
Post-Transplant Patien	0	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	79%			
Total:	82	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	58%			
		Patients deceased:	18	Renal Network Use Rate:	60%			
		Total:	137					

Patients and Net Revenue by Payor Source

Private Insurance

						-			•
		72.9	1%	3.3%	22.0%	1.9%	0.0%	100.0%	0.0%
Patient		15	56	7	47	4	0	214	0
1/1/2012 to 1	12/31/2012	53.3	1%	3.5%	42.5%	0.2%	0.5%	100.0%	0.0%
Net Revenue		\$3,636,094	\$23	88,425	\$2,893,917	\$13,260	\$34,367	\$6,816,062	\$0
<u>Pa</u> í	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian F	Patients:	25	Hispanic Latino	Patients:	44
<14 yrs	0	0	0	Native A	American/ Indian:	0	Non-Hispanic Latino Patien		170
15-44 yr	10	7	17	Black/	African American :	50	Unknown Ethnicity Patients		0
45-64 yr	51	39	90	Hawaiia	an /Pacific Islande	0	TOTAL:		214
65-74 yr	26	27	53	White:		139			
75 < yrs	29	25	54	Unknov	un i	0			

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TOTAL:

Ownership, Management and General Information

Fresenius Medical Care Evanston Name:

2953 Central Street, 1st Floor Address: Evanston City: Cook County:

HSA: Medicare ID: 14-2621 **Legal Entity Operator:**

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

For Profit Corporation Ownership Type: **Property Owner:** Craig Bjorkman

Other Ownership:

Medical Director Name: Dr. Stuart Sprague **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME I	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	3
Peak Authorized Stations Operated:	14	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0

Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	16	12	16	12	0	16
Number of Patients Treated	23	42	23	42	23	0	42

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 65 In-Center Treatments in calendar year: 8,997 (Beginning patients) **Number of Missed Treatments:** 103

Average Daily Treatments: Patients treated as of 12/31/2013: 59

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 104 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients:	25	Recovered patients:	2	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	13	Transplant Recipients:	6	Use Rate (Treatments/Treatment capacity):	48%
Patients Re-Started:	0	Patients transferred out:	18	Use Rate (including Missed Treatments):	49%
Post-Transplant Patien	1	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	54%
Total:	39	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	49%
		Patients deceased:	9	Renal Network Use Rate:	49%
		Total:	38		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	71.2%	10.6%	11.5%	6.7%	0.0%	100.0%	0.0%
Patient	74	11	12	7	0	104	0
1/1/2012 to 12/31/2012	56.9%	9.1%	33.7%	0.4%	0.0%	100.0%	0.0%
Net Revenue	\$1,824,656	\$290,523	\$1,079,421	\$12,914	\$0	\$3,207,514	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	У

Pat	tients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	12
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	89
15-44 yr	3	9	12	Black/ African American :	61	Unknown Ethnicity Patients	3
45-64 yr	23	19	42	Hawaiian /Pacific Islande	0	TOTAL:	104
65-74 yr	12	14	26	White:	38		
75 < yrs	14	10	24	Unknown:	3		
Total	52	52	104	TOTAL:	104		

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Ownership, Management and General Information

Name: Fresenius Medical Care Galesburg

Address: 765 N Kellogg St, Ste 101

 City:
 Galesburg

 County:
 Knox

 HSA:
 2

 Medicare ID:
 14-2579

Legal Entity Operator:

Fresenius Medical Care Galesburg, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Galesburg Hospital Corporation

Other Ownership:

Medical Director Name: Dr. Srinivasan

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2013:	13	Full-Time Work Week:	32
Certified Stations by CMS:	13	Regsitered Nurse :	7
Peak Authorized Stations Operated:	13	Dialysis Technician :	1
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	3
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	18	14	18	14	0	18
Number of Patients Treated	25	37	25	37	25	0	34

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 58 In-Center Treatments in calendar year: 9,026 (Beginning patients) Number of Missed Treatments: 64

Patients treated as of 12/31/2013:

Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 280.0

Total Unduplicated patients 102 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ABBITIONS to the 17to	<u></u>			002 11/112 101 1110 1710 1211 1	
New Patients:	30	Recovered patients:	1	Treatment Capacity/year (based on Stations):	12,168
Transient Patients:	13	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	74%
Patients Re-Started:	0	Patients transferred out:	20	Use Rate (including Missed Treatments):	75%
Post-Transplant Patien	1	Patients voluntarily discontinued	7	Use Rate (Begining patients treated):	74%
Total:	44	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	87%
		Patients deceased:	7	Renal Network Use Rate:	87%
		Total:	37		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	64.7%	10.8%	17.6%	2.9%	3.9%	100.0%	0.0%
Patient	66	11	18	3	4	102	0
1/1/2012 to 12/31/2012	64.7%	10.8%	17.6%	2.9%	3.9%	100.0%	0.0%
Net Revenue	\$2,037,937	\$339,656	\$555,801	\$92,633	\$123,511	\$3,149,538	\$0
Patients by Age	and Sex		Patients by Race	•	Pat	tients by Ethnicit	v

Pat	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	7
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	95
15-44 yr	5	2	7	Black/ African American :	17	Unknown Ethnicity Patients	0
45-64 yr	27	14	41	Hawaiian /Pacific Islande	0	TOTAL:	102
65-74 yr	18	9	27	White:	84		
75 < yrs	16	11	27	Unknown:	0		
Total	66	36	102	TOTAL:	102		

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Ownership, Management and General Information

Name: Fresenius Medical Care Garfield

Address: 5401 South Wentworth

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2555

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: East Lake Management

Other Ownership:

Medical Director Name: Dr. Paru Kathpalia Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>	
Authorized Stations as of 12/31/2013:	22	Full-Time Work Week:	32
Certified Stations by CMS:	22	Regsitered Nurse :	6
Peak Authorized Stations Operated:	22	Dialysis Technician :	11
Authorized Stations Setup and Staffed in Oct 1-7:	22	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

<u>Dialysis Station Utilization for the Week of Oct 1 - 7</u>

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	11	17	11	17	11	0	17	
Number of Patients Treated	43	61	44	61	41	0	59	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 110 In-Center Treatments in calendar year: 15,306 (Beginning patients) Number of Missed Treatments: 720

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 280.0

Total Unduplicated patients 176 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
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/ ID DITTO TO THE TARE	<u> </u>			002 10/112 10/11/01/11/11	
New Patients:	51	Recovered patients:	1	Treatment Capacity/year (based on Stations):	20,592
Transient Patients:	14	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	74%
Patients Re-Started:	0	Patients transferred out:	44	Use Rate (including Missed Treatments):	78%
Post-Transplant Patien	1	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	83%
Total:	66	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	83%
		Patients deceased:	16	Renal Network Use Rate:	83%
		Total	67		

Patients and Net Revenue by Payor Source

		Medica	re Me	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		62.5	%	17.6%	16.5%	2.3%	1.1%	100.0%	0.0%
Patient		11	10	31	29	4	2	176	0
1/1/2012 to 1	2/31/2012	54.0	%	14.0%	30.2%	0.9%	0.9%	100.0%	0.0%
Net Revenue		\$2,767,280	\$715	5,768	\$1,547,818	\$43,824	\$45,205	\$5,119,895	\$0
Pat	ients by Ag	e and Sex			Patients by Rac	<u>:e</u>	<u>Pa</u>	tients by Ethnicit	¥
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	0	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	173

Pat	ients by Ac	<u>je and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	173	
15-44 yr	19	18	37	Black/ African American :	174	Unknown Ethnicity Patients	0	
45-64 yr	33	24	57	Hawaiian /Pacific Islande	0	TOTAL:	176	
65-74 yr	18	18	36	White:	2			
75 < yrs	20	26	46	Unknown:	0			
Total	90	86	176	TOTAL:	176			
				The state of the s				

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Ownership, Management and General Information

Name: Fresenius Medical Care Glenview

Address: 4248 Commercial Way

14-2551

City: Glenview
County: Cook
HSA: 7

Medicare ID:

Cook 7 Legal Entity Operator:

WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: MICHIGAN AVE GROUP ADVISORY SERVICE

Other Ownership:

Medical Director Name: Dr. Venkata Behara Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT					
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	32			
Certified Stations by CMS:	20	Regsitered Nurse :	4			
Peak Authorized Stations Operated:	20	Dialysis Technician :	9			
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1			
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1			
(subset of authorized stations)		LPN:	0			
Number of Shifts Operated per day		Other Health :	0			
		Other Non-Health:	1			
Dialysis Station Utilization for the Week of Oct 1 - 7						

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	16	12	16	12	0	16	
Number of Patients Treated	31	48	29	49	33	0	51	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 94 In-Center Treatments in calendar year: 12,756 (Beginning patients) Number of Missed Treatments: 73

Patients treated as of 12/31/2013: 85 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 300.0

Total Unduplicated patients 127 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
---------------------------	------------------------	---------------------------

ABBITIONS to the 17to	<u></u>			<u>002 11/112 10: 1:10 1 / 10:2:1 1 </u>	
New Patients:	33	Recovered patients:	2	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	6	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	68%
Patients Re-Started:	0	Patients transferred out:	36	Use Rate (including Missed Treatments):	69%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	78%
Total:	39	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	71%
		Patients deceased:	6	Renal Network Use Rate:	71%
		Total:	47		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	73.2%	11.0%	11.0%	4.7%	0.0%	100.0%	0.0%
Patient	93	14	14	6	0	127	0
1/1/2102 to 12/31/2012	58.2%	7.9%	33.0%	1.0%	0.0%	100.0%	0.0%
Net Revenue	\$2,507,499	\$341,307	\$1,421,190	\$41,857	\$0	\$4,311,852	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	У

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	11	Hispanic Latino Patients:	18	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	109	
15-44 yr	10	3	13	Black/ African American :	3	Unknown Ethnicity Patients	0	
45-64 yr	26	7	33	Hawaiian /Pacific Islande	1	TOTAL:	127	
65-74 yr	23	10	33	White:	112			
75 < yrs	33	15	48	Unknown:	0			
Total	92	35	127	TOTAL:	127			

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Ownership, Management and General Information

Fresenius Medical Care Greenwood Name:

1111 East 87th Street Address:

Chicago City: Cook County: HSA. 6 Medicare ID: 14-2601

Legal Entity Operator: WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Greenwood Associates, LP

Other Ownership:

Medical Director Name: Dr. Mahilta Shah **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME E	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	28	Full-Time Work Week:	32	
Certified Stations by CMS:	28	Regsitered Nurse :	8	
Peak Authorized Stations Operated:	28	Dialysis Technician :	15	
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1	
(subset of authorized stations)		LPN:	1	

Number of Shifts Operated per day Other Health: 0 Other Non-Health: 2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	18	0	18	
Number of Patients Treated	62	79	56	80	63	0	80	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 151 In-Center Treatments in calendar year: 21.938 (Beginning patients) **Number of Missed Treatments:** 2,120 **Average Daily Treatments:** Patients treated as of 12/31/2013:

150 (Ending patients) Average Treatment Time (min): 255.0

Total Unduplicated patients 194

treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients: 33 Recovered patients: 4 Treatment Capacity/year (based on Stations): 26,208 7 2 **Transient Patients: Transplant Recipients:** Use Rate (Treatments/Treatment capacity): 84% Patients Re-Started: 0 Patients transferred out: 20 Use Rate (including Missed Treatments): 92% **Post-Transplant Patien** Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 90% 1 Total: 41 Patients lost to follow up: 1 Use Rate (Year end Patients/Stations*6): 89% Patients deceased: **Renal Network Use Rate:** 89% 14 Total: 42

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	61.3%	20.6%	14.4%	2.6%	1.0%	100.0%	0.0%
Patient	119	40	28	5	2	194	0
1/1/2012 to 12/31/2012	59.9%	15.9%	23.8%	0.3%	0.1%	100.0%	0.0%
Net Revenue	\$4,148,120	\$1,101,498	\$1,650,236	\$21,436	\$7,058	\$6,928,347	\$0
		1		ı			

<u>Pat</u>	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2	
<14 yrs	0	0	0	Native American/ Indian:	2	Non-Hispanic Latino Patien	192	
15-44 yr	12	8	20	Black/ African American :	190	Unknown Ethnicity Patients	0	
45-64 yr	59	34	93	Hawaiian /Pacific Islande	0	TOTAL:	194	
65-74 yr	12	19	31	White:	2			
75 < yrs	24	26	50	Unknown:	0			
Total	107	87	194	TOTAL:	194			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Gurnee Name:

101 Greenleaf Address:

Gurnee City: Lake County: HSA: 8 Medicare ID: 14-2549 **Legal Entity Operator:**

National Medical Care, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Greanleaf Center West, LLC

Other Ownership:

Medical Director Name: Dr. Rahki Khanna **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME E	<u>:QUIVALENI</u>
ons as of 12/31/2013:	14	Full-Time Work Week:	32

Authorized Station Certified Stations by CMS: 14 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 14 Dialysis Technician: 8 Authorized Stations Setup and Staffed in Oct 1-7: 14 Dietician: 0 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	16	0	16
Number of Patients Treated	40	42	42	42	42	0	43

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: In-Center Treatments in calendar year: 84 12.130 (Beginning patients) **Number of Missed Treatments:** 373

Average Daily Treatments: Patients treated as of 12/31/2013: 79

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 120 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the I Ate	<u>,, </u>			<u> </u>	
New Patients:	33	Recovered patients:	2	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	11	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	93%
Patients Re-Started:	1	Patients transferred out:	40	Use Rate (including Missed Treatments):	95%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	100%
Total:	45	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	94%
		Patients deceased:	3	Renal Network Use Rate:	94%
		Total:	51		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	60.0%	17.5%	13.3%	5.8%	3.3%	100.0%	0.0%
Patient	72	21	16	7	4	120	0
1/1/2012 to 12/31/2012	56.4%	18.4%	21.2%	0.1%	3.8%	100.0%	0.0%
Net Revenue	\$2,009,147	\$656,041	\$755,077	\$5,009	\$136,804	\$3,562,078	\$0
Patients by Age and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	Ϋ́

Pat	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	13	Hispanic Latino Patients:	34	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	86	
15-44 yr	12	8	20	Black/ African American :	29	Unknown Ethnicity Patients	0	
45-64 yr	30	23	53	Hawaiian /Pacific Islande	1	TOTAL:	120	
65-74 yr	12	13	25	White:	77			
75 < yrs	9	13	22	Unknown:	0			
Total	63	57	120	TOTAL:	120			

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Ownership, Management and General Information

Name: Fresenius Medical Care Hazel Crest

Address: 17524 E Carriage Way

 City:
 Hazel Crest

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2607

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Rockford 550, LLC

Other Ownership:

Medical Director Name: Dr. Vijaykumar Rao Provides Incenter Noctural Dialysis:

STATION INFORMATION			FACILITY	STAFFING	- FULL TIM	TIME EQUIVALENT	
Authorized Stations as of 12/31/2013:	16		Full-Tim	e Work Wee	k:		32
Certified Stations by CMS:	16		Regsiter	red Nurse :			3
Peak Authorized Stations Operated:	16		Dialysis	Technician	:		9
Authorized Stations Setup and Staffed in Oct 1-7:	16		Dietician :				1
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				0
(subset of authorized stations)			LPN:				1
Number of Shifts Operated per day			Other Health :				0
			Other No	on-Health:			1
<u>Dialysis Station</u>	Utilization for tl	he Week of	Oct 1 - 7				
Date of Operation Oct	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	18	16	18	16	0	18
Number of Patients Treated	39	42	36	44	35	0	46

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 76 In-Center Treatments in calendar year: 11,413 (Beginning patients) Number of Missed Treatments: 284

Patients treated as of 12/31/2013:

86

Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 121 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	30	Recovered patients:	4	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	11	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	76%
Patients Re-Started:	2	Patients transferred out:	21	Use Rate (including Missed Treatments):	78%
Post-Transplant Patien	2	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	79%
Total:	45	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	90%
		Patients deceased:	4	Renal Network Use Rate:	91%
		Total:	35		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	77.7%	3.3%	17.4%	1.7%	0.0%	100.0%	0.0%
Patient	94	4	21	2	0	121	0
1/1/2012 to 12/31/2012	59.4%	3.5%	36.7%	0.4%	0.0%	100.0%	0.0%
Net Revenue	\$2,144,193	\$127,450	\$1,326,254	\$13,223	\$0	\$3,611,121	\$0

		φ2,111,100	φ	ψ1,020,201	φ.ο,220	φο,στι,τει	ΨΟ
Pat	tients by A	ge and Sex		Patients by Rac	<u>:e</u>	Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	4
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	117
15-44 yr	8	6	14	Black/ African American :	112	Unknown Ethnicity Patients	0
45-64 yr	35	13	48	Hawaiian /Pacific Islande	1	TOTAL:	121
65-74 yr	18	17	35	White:	7		
75 < yrs	10	14	24	Unknown:	0		
Total	71	50	121	TOTAL:	121		

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Ownership, Management and General Information

Fresenius Medical Care Hoffman Estates Name: Address: 3150 West Higgins Road, Suite 190

Hoffman Estates City:

Cook County: HSA. Medicare ID: 14-2547 **Legal Entity Operator:**

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** 3100 & 3150 HIGGINS, LLC

Other Ownership:

Medical Director Name: Dr. Lo-Ku Chiang **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	32
Certified Stations by CMS:	20	Regsitered Nurse :	6
Peak Authorized Stations Operated:	20	Dialysis Technician :	10
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	20	16	20	16	0	20	
Number of Patients Treated	40	62	38	63	40	0	61	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 102 In-Center Treatments in calendar year: 12.949 (Beginning patients) **Number of Missed Treatments:** 290

Average Daily Treatments: Patients treated as of 12/31/2013: 104

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 151 treated in calendar year:

19

7

80

12

16

71

65-74 yr

75 < yrs

Total

LOSSES to the FACILITY ADDITIONS to the FACILITY

USE RATE for the FACILITY New Patients: Recovered patients: 3 Treatment Capacity/year (based on Stations): 18,720 **Transient Patients:** 12 **Transplant Recipients:** 9 Use Rate (Treatments/Treatment capacity): 69% Patients Re-Started: 1 Patients transferred out: 27 Use Rate (including Missed Treatments): 71% **Post-Transplant Patien** 2 Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 85% Total: 49 Patients lost to follow up: 1 Use Rate (Year end Patients/Stations*6): 87% Patients deceased: **Renal Network Use Rate:** 15 89% Total: 56

Patients and Net Revenue by Payor Source

		Medic	are Mo	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		58.	.3%	12.6%	24.5%	4.6%	0.0%	100.0%	0.0%
Patient			88	19	37	7	0	151	0
1/1/2012 to 1	2/31/2012	40.	.7%	10.1%	48.3%	0.9%	0.0%	100.0%	0.0%
Net Revenue		\$2,251,35	50 \$55	6,184	\$2,670,270	\$49,427	\$0	\$5,527,231	\$0
Pat	ients by Ag	e and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	22	Hispanic Latino	Patients:	43
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	108
15-44 yr	18	19	37	Black	/ African American :	26	Unknown Ethnic	city Patients	0
45-64 yr	36	24	60	Hawa	iian /Pacific Islande	6	TOTAL:		151

97

0

151

Facility ran a 4th shift during the week of 10/01/13 - 10/07/13. Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

White:

TOTAL:

Unknown:

31

23

151

Ownership, Management and General Information

Fresenius Medical Care Jackson Park Name:

Address: 7531 South Stony Island

Chicago City: Cook County: 6

HSA: **Medicare ID:** 14-2516 **Legal Entity Operator:**

WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Jackson Park Hospital Foundation **Property Owner:**

Other Ownership:

Medical Director Name: Dr. Munavvar Izhar **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT					
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	32			
Certified Stations by CMS:	24	Regsitered Nurse :	5			
Peak Authorized Stations Operated:	24	Dialysis Technician :	12			
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1			
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1			
(subset of authorized stations)		LPN:	0			
Number of Shifts Operated per day		Other Health :	0			
		Other Non-Health:	3			
Dialysis Station Utilization for the Week of Oct 1 - 7						

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	17	0	17	
Number of Patients Treated	53	56	49	54	49	0	53	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 103 In-Center Treatments in calendar year: 16,170 (Beginning patients) **Number of Missed Treatments:** 887

Average Daily Treatments: Patients treated as of 12/31/2013: 106

Average Treatment Time (min): (Ending patients) 300.0

Total Unduplicated patients 158 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
ADDITIONS to the FACILITY	LUSSES to the FACILITY	USE RATE for the FACILITY

New Patients:	42	Recovered patients:	0	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	11	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	72%
Patients Re-Started:	1	Patients transferred out:	35	Use Rate (including Missed Treatments):	76%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	72%
Total:	55	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	74%
		Patients deceased:	16	Renal Network Use Rate:	77%
		Total:	52		

Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		62.	.0%	26.6%	6.3%	3.2%	1.9%	100.0%	0.0%
Patient			98	42	10	5	3	158	0
1/1/2012 to	12/31/2012	58.	.0%	28.9%	12.5%	0.3%	0.3%	100.0%	0.0%
Net Revenue		\$2,649,17	'2 \$1,31	8,031	\$570,864	\$14,850	\$13,987	\$4,566,903	\$0
Pat	tients by Ag	e and Sex			Patients by Race	2	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	2
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	156
15-44 yr	14	9	23	Black	/ African American :	156	Unknown Ethni	city Patients	0

45-64 yr	52	30	82	Hawaiian /Pacific Islande	0	TOTAL:	158
65-74 yr	22	11	33	White:	2		
75 < yrs	8	12	20	Unknown:	0		
Total	96	62	158	TOTAL:	158		
				ı		I	
Crosonius Madi	ical Cara daga n	ot bold long t	orm dobt on	any Illinois dialysis lagation halana	a abaat Eraa	anius Madisal Care dasa n	ot oo o for profit

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Joliet

Address: 721 East Jackson Street

 City:
 Joliet

 County:
 Will

 HSA:
 9

 Medicare ID:
 14-2739

Legal Entity Operator:

Fresenius Medical Care of Plainfield, LLC

Oct 6

0

0

Oct 7

17

38

TOTAL Charity Care

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: MERIDIAN INVESTMENT PARTNERS, LLC

Other Ownership:

Medical Director Name: Dr. Mohammad Shafi Provides Incenter Noctural Dialysis:

Oct 4

17

41

Private Pav

Oct 5

0

0

Other Public

STATION INFORMATION	FACILITY STAFFING - FULL TIME I	<u>EQUIVALENT</u>				
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32			
Certified Stations by CMS:	16	Regsitered Nurse :	3			
Peak Authorized Stations Operated:	16	Dialysis Technician :	4			
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0			
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0			
(subset of authorized stations)		LPN:	0			
Number of Shifts Operated per day		Other Health :	0			
		Other Non-Health:	1			
Dialysis Station Utilization for the Week of Oct 1 - 7						

Oct 3

0

0

Number of Patients Treated 0

Date of Operation

Hours operated

Facility Utilization Information

Facility Reported Patient Information	<u>1</u>	Facility Reported Treatment Information		
Patients treated as of 1/1/2013:	18	In-Center Treatments in calendar year:	5,525	
(Beginning patients)		Number of Missed Treatments:	55	
Patients treated as of 12/31/2013:	45	Average Daily Treatments:		
(Ending patients)	40	Average Treatment Time (min):	300.0	

Oct 2

17

40

(Ending patients)

Total Unduplicated patients
treated in calendar year:

Medicare

ADDITIONS to the FACILITY

LOSSES to the FACILITY

USE RATE for the FACILITY

Oct 1

Medicaid

0

ADDITIONO TO THE LAC	<u>/ L </u>	EGGGEG TO THO I /TGIETT		OOL NATE TO THE LAGIETT	
New Patients:	48	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	8	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	37%
Patients Re-Started:	0	Patients transferred out:	24	Use Rate (including Missed Treatments):	37%
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	19%
Total:	57	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	47%
		Patients deceased:	3	Renal Network Use Rate:	50%
		Total:	29		

Patients and Net Revenue by Payor Source

Private Insurance

		Micai	Juic	mearoura	i iivate iiisaranee	i iivate i ay	Other I done	IOIAL	Onanty Gare
		63	3.8%	6.3%	17.5%	8.8%	3.8%	100.0%	0.0%
Patient			51	5	14	7	3	80	0
12/1/2012 to	12/31/2012	g	0.7%	0.1%	89.1%	1.1%	0.0%	100.0%	0.0%
Net Revenue		\$24,2	18	\$248	\$222,319	\$2,752	\$0	\$249,537	\$0
Par	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pati</u>	ents by Ethnicit	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	1	Hispanic Latino	Patients:	21
<14 yrs	0	0	0	Nativ	e American/ Indian:	1	Non-Hispanic La	tino Patien	59
15-44 yr	4	6	10	Black	/ African American :	31	Unknown Ethnic	ity Patients	0
45-64 yr	19	11	30	Hawa	iian /Pacific Islande	0	TOTAL:		80
65-74 yr	8	9	17	White	e:	47			
75 < yrs	8	15	23	Unkn	own:	0			
Total	39	41	80	TOTA	AL:	80			

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Ownership, Management and General Information

Name: Fresenius Medical Care Kewanee

Address: 230 W. South Street

City: Kewanee
County: Henry
HSA: 10
Medicare ID: 14-2578

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

1

TOTAL Charity Care

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: PTM Development, LLC

Other Non-Health:

Other Ownership:

Medical Director Name: Dr. Samer Sader Provides Incenter Noctural Dialysis:

	FACILITY STAFFING - FULL TIME EQUIVALENT			
8	Full-Time Work Week:	32		
8	Regsitered Nurse :	2		
8	Dialysis Technician :	3		
8	Dietician :	0		
0	Social Worker:	0		
	LPN:	0		
	Other Health :	0		
	8	8 Full-Time Work Week: 8 Regsitered Nurse: 8 Dialysis Technician: 9 Dietician: 0 Social Worker: LPN:		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	9	12	9	12	9	0	12	
Number of Patients Treated	7	14	4	15	7	0	15	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 25 In-Center Treatments in calendar year: 3,622 (Beginning patients) Number of Missed Treatments: 62

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 300.0

Total Unduplicated patients 39

Medicare

13

treated in calendar year:

3

26

75 < yrs

Total

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

Medicaid

7

39

New Patients:	11	Recovered patients:	0	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	3	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	48%
Patients Re-Started:	0	Patients transferred out:	6	Use Rate (including Missed Treatments):	49%
Post-Transplant Patien	0	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	52%
Total:	14	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	44%
		Patients deceased:	8	Renal Network Use Rate:	46%
		Total:	18		

Patients and Net Revenue by Payor Source

Private Pav

0

39

Other Public

Private Insurance

									Citating Care
		76	5.9%	5.1%	5.1%	0.0%	12.8%	100.0%	0.0%
Patient			30	2	2	0	5	39	0
1/1/2012 to	12/31/2012	80	.5%	5.1%	9.5%	0.4%	4.6%	100.0%	0.0%
Net Revenue		\$841,02	27 \$	53,627	\$99,125	\$3,850	\$47,576	\$1,045,205	\$0
Par	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicity	<u></u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	36
15-44 yr	3	0	3	Black	d African American :	3	Unknown Ethni	city Patients	0
45-64 yr	14	5	19	Hawa	iian /Pacific Islande	0	TOTAL:		39
65-74 yr	6	4	10	White	e:	36			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Unknown:

TOTAL:

Ownership, Management and General Information

Name: Fresenius Medical Care Logan Square

Address: 2721 North Spaulding

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-0004

Legal Entity Operator:

Fresenius Medical Care Logan Square, LLC

0

0

16

3

TOTAL

Charity Caro

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: V.P.R.E. REAL HOLDINGS, LLC

Other Ownership:

Medical Director Name: Dr. Eduardo Cremer Provides Incenter Noctural Dialysis:

16

3

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Other Bublic

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT				<u>IT</u>	
Authorized Stations as of 12/31/2013:	12		Full-Time Work Week:				32
Certified Stations by CMS:	0		Regsiter	ed Nurse :			2
Peak Authorized Stations Operated:	12		Dialysis	Technician	:		1
Authorized Stations Setup and Staffed in Oct 1-7:	12		Dieticiar	1 :			0
Isolation Stations Set up in Oct 1-7:	1		Social Worker:				0
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other He	ealth:			0
			Other No	on-Health:			1
<u>Dialysis Station Ut</u>	ilization for th	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	

0

0

Hours operated Number of Patients Treated

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

0

0

Patients treated as of 1/1/2013: 0 In-Center Treatments in calendar year: 199 (Beginning patients) Number of Missed Treatments: 1

16

3

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 270.0

Total Unduplicated patients 3 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

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		· · · · · · · · · · · · · · · · · · ·			
New Patients:	3	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	2%
Patients Re-Started:	0	Patients transferred out:	0	Use Rate (including Missed Treatments):	2%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	0%
Total:	3	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	4%
		Patients deceased:	0	Renal Network Use Rate:	4%
		Total:	0		

Patients and Net Revenue by Payor Source

Private Incurance

		weak	care i	viedicaid	Private insurance	Private Pay	Other Public	IOTAL	Charity Care
		0	0.0%	0.0%	66.7%	33.3%	0.0%	100.0%	0.0%
Patient			0	0	2	1	0	3	0
1/1/2012 to 1	12/31/2012	# / \	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue		;	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pat	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Patier</u>	nts by Ethnicity	<u></u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	3	Hispanic Latino Pa	atients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Lati	no Patien	3
15-44 yr	0	0	0	Black	/ African American :	0	Unknown Ethnicity	y Patients	0
45-64 yr	3	0	3	Hawa	iian /Pacific Islande	0	TOTAL:		3
65-74 yr	0	0	0	White) :	0			
75 < yrs	0	0	0	Unkn	own:	0			
Total	3	0	3	TOTA	L:	3			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Lombard

Address: 1940 Springer Drive

City: Lombard
County: DuPage
HSA: 7
Medicare ID: 14-2722

Legal Entity Operator:

Fresenius Medical Care Lombard, LLC

1

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: Oak Creek Center, LLC

Other Non-Health:

Other Ownership:

Medical Director Name: Dr. Samir Kumar Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32		
Certified Stations by CMS:	12	Regsitered Nurse :	2		
Peak Authorized Stations Operated:	12	Dialysis Technician :	4		
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	18	0	18	
Number of Patients Treated	29	30	31	34	31	0	35	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 28 In-Center Treatments in calendar year: 6,977 (Beginning patients) Number of Missed Treatments: 138

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 300.0

Total Unduplicated patients 104

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	75	Recovered patients:	2	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	8	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	62%
Patients Re-Started:	1	Patients transferred out:	61	Use Rate (including Missed Treatments):	63%
Post-Transplant Patien	0	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	39%
Total:	84	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	53%
		Patients deceased:	2	Renal Network Use Rate:	50%
		Total:	74		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	72.1%	5.8%	22.1%	0.0%	0.0%	100.0%	0.0%
Patient	75	6	23	0	0	104	0
1/1/2012 to 12/31/2012	60.0%	3.0%	36.8%	0.1%	0.0%	100.0%	0.0%
Net Revenue	\$1,129,528	\$57,398	\$692,978	\$2,093	\$0	\$1,881,997	\$0
Patients by Age	and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS MALE	FEMALE TOT	ΔI Asian	Patients:	17	Hispanic Latino	Patients:	11

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	17	Hispanic Latino Patients:	11
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	93
15-44 yr	2	5	7	Black/ African American :	11	Unknown Ethnicity Patients	0
45-64 yr	26	10	36	Hawaiian /Pacific Islande	0	TOTAL:	104
65-74 yr	15	16	31	White:	76		
75 < yrs	21	9	30	Unknown:	0		
Total	64	40	104	TOTAL:	104		

Between April and October this facility treated the majority of the patients from the temporarily closed Fresenius Glendale Heights facility. Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Macomb Name:

523 East Grant Street Address:

Macomb City: McDonough County:

HSA: 2 Medicare ID: 14-2591

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** McDonough District Hospital

Other Ownership:

Medical Director Name: Dr. Parthasarathy Srinivasan

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME	TY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	6	Full-Time Work Week:	32	
Certified Stations by CMS:	6	Regsitered Nurse :	2	
Peak Authorized Stations Operated:	6	Dialysis Technician :	2	
Authorized Stations Setup and Staffed in Oct 1-7:	6	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	
Dialysis Ctation Hi	!!!! f il Mi-			

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	12	11	12	13	0	12	
Number of Patients Treated	8	9	9	9	9	0	9	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

2,904 Patients treated as of 1/1/2013: 18 In-Center Treatments in calendar year: (Beginning patients) **Number of Missed Treatments:** 21

Average Daily Treatments: Patients treated as of 12/31/2013: 20

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 37 treated in calendar year:

6

4

20

65-74 yr

75 < yrs

Total

5

9

17

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
ADDITIONS to the FACILITY	LUSSES to the FACILITY	USE RATE for the FACILITY

New Patients:	16	Recovered patients:	0	Treatment Capacity/year (based on Stations):	5,616
Transient Patients:	3	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	52%
Patients Re-Started:	0	Patients transferred out:	10	Use Rate (including Missed Treatments):	52%
Post-Transplant Patien	0	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	50%
Total:	19	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	56%
		Patients deceased:	3	Renal Network Use Rate:	56%
		Total:	17		

Patients and Net Revenue by Payor Source

		Medic	care M	ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		62	.2%	8.1%	21.6%	0.0%	8.1%	100.0%	0.0%
Patient			23	3	8	0	3	37	0
1/1/2012 to 1	2/31/2012	62	.2%	2.9%	27.9%	0.0%	6.9%	100.0%	0.0%
Net Revenue		\$595,4	57 \$2	28,017	\$267,452	\$0	\$66,495	\$957,421	\$0
Pat	ients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Patie</u>	ents by Ethnicit	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	tino Patien	37
15-44 yr	1	0	1	Black	d African American :	4	Unknown Ethnic	ity Patients	0
45-64 yr	9	3	12	Hawa	iian /Pacific Islande	0	TOTAL:		37

33

0

37

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White:

TOTAL:

Unknown:

11

13

37

STATION INFORMATION

Ownership, Management and General Information

Fresenius Medical Care Marquette Park Name:

6515 S. Western Address:

Chicago City: Cook County: 6

HSA: Medicare ID: 14-2566 **Legal Entity Operator:**

Fresenius Medical Care Chicagoland, LLC

FACILITY STAFFING FULL TIME FOLIVALENT

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Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: CAPRI DEVELOPMENT 6517, LLC

Other Ownership:

Medical Director Name: Dr. Satya Ahuja **Provides Incenter Noctural Dialysis:**

STATION INFORMATION					
16	Full-Time Work Week:	32			
16	Regsitered Nurse :	2			
16	Dialysis Technician :	16			
16	Dietician :	1			
0	Social Worker:	1			
	LPN:	0			
	Other Health :	0			
	16 16	16 Regsitered Nurse: 16 Dialysis Technician: 16 Dietician: 0 Social Worker: LPN:			

Other Non-Health:

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	17	0	17
Number of Patients Treated	48	48	48	48	48	0	48

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 84 In-Center Treatments in calendar year: 10.268 (Beginning patients) **Number of Missed Treatments:** 947

Average Daily Treatments: Patients treated as of 12/31/2013: 87

(Ending patients) Average Treatment Time (min): 280.0

Total Unduplicated patients 113

treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	18	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	2	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	69%
Patients Re-Started:	0	Patients transferred out:	14	Use Rate (including Missed Treatments):	75%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	88%
Total:	20	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	91%
		Patients deceased:	6	Renal Network Use Rate:	91%
		Total:	24		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	65.5%	15.9%	13.3%	4.4%	0.9%	100.0%	0.0%
Patient	74	18	15	5	1	113	0
1/1/2012 to 12/31/2012	60.0%	14.5%	24.8%	0.4%	0.2%	100.0%	0.0%
Net Revenue	\$2,252,160	\$544,667	\$932,631	\$15,344	\$9,075	\$3,753,877	\$0
Patients by A	ge and Sex		Patients by Rac	<u>:e</u>	<u>Pat</u>	tients by Ethnicit	y
AGE GROUPS MALE	FEMALE TO	TAL Asiar	n Patients:	0	Hispanic Latino	Patients:	26
-14 vre	0	O Nativ	o Amorican/Indian:	1	Non-Hienanie I	atino Dation	87

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	26	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	87	
15-44 yr	14	4	18	Black/ African American :	83	Unknown Ethnicity Patients	0	
45-64 yr	27	18	45	Hawaiian /Pacific Islande	0	TOTAL:	113	
65-74 yr	15	8	23	White:	29			
75 < yrs	17	10	27	Unknown:	0			
Total	73	40	113	TOTAL:	113			

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Ownership, Management and General Information

Name: Fresenius Medical Care McLean County

Address: 1505 Eastland Medical Plaza

City: Bloomington
County: McLean
HSA: 4
Medicare ID: 14-2563

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: St. Joseph Medical Center

Other Ownership:

Medical Director Name: Dr. Robert Bruha
Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	32
Certified Stations by CMS:	20	Regsitered Nurse :	4
Peak Authorized Stations Operated:	20	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	16	12	16	12	0	16	
Number of Patients Treated	36	42	37	44	36	0	47	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 85 In-Center Treatments in calendar year: 10,119 (Beginning patients) Number of Missed Treatments: 270

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 142 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: Recovered patients: 3 Treatment Capacity/year (based on Stations): 18,720 **Transient Patients:** 24 **Transplant Recipients:** 6 Use Rate (Treatments/Treatment capacity): 54% Patients Re-Started: 2 Patients transferred out: 28 Use Rate (including Missed Treatments): 55% **Post-Transplant Patien** 2 Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 71% Total: 57 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 71% Patients deceased: **Renal Network Use Rate:** 19 72% Total: 57

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	69.7%	7.0%	18.3%	2.1%	2.8%	100.0%	0.0%
Patient	99	10	26	3	4	142	0
1/1/2012 to 12/31/2012	54.1%	2.2%	43.3%	0.4%	0.0%	100.0%	0.0%
Net Revenue	\$2,841,576	\$116,350	\$2,277,001	\$18,968	\$0	\$5,253,895	\$0
Patients by Age	and Say		Patients by Pac		Dat	ients by Ethnicit	W

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	7
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	135
15-44 yr	21	8	29	Black/ African American :	39	Unknown Ethnicity Patients	0
45-64 yr	24	23	47	Hawaiian /Pacific Islande	0	TOTAL:	142
65-74 yr	22	9	31	White:	99		
75 < yrs	22	13	35	Unknown:	0		
Total	89	53	142	TOTAL:	142		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Melrose Park

Address: 1111 Superior Street, Ste 204

City: Melrose Park
County: Cook

HSA: 7
Medicare ID: 14-2554

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Westlake MOB

Other Ownership:

Medical Director Name: Dr. Constantine Delis
Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	18	Full-Time Work Week:	32		
Certified Stations by CMS:	18	Regsitered Nurse :	3		
Peak Authorized Stations Operated:	18	Dialysis Technician :	5		
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
• • •		Other Non-Health:	1		
Dialysis Station U	tilization for th	e Week of Oct 1 - 7			
Date of Operation Oct 1	Oct 2	Oct 3 Oct 4 Oct 5 Oc	t 6 Oct 7		

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	13	13	13	13	0	13	
Number of Patients Treated	34	30	32	29	33	0	31	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 61 In-Center Treatments in calendar year: 11,505 (Beginning patients) Number of Missed Treatments: 148

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 99 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	11	Recovered patients:	3	Treatment Capacity/year (based on Stations):	16,848
Transient Patients:	0	Transplant Recipients:	27	Use Rate (Treatments/Treatment capacity):	68%
Patients Re-Started:	0	Patients transferred out:	0	Use Rate (including Missed Treatments):	69%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	56%
Total:	11	Patients lost to follow up:	6	Use Rate (Year end Patients/Stations*6):	61%
		Patients deceased:	0	Renal Network Use Rate:	63%
		Total:	36		

Patients and Net Revenue by Payor Source

Detiente les Aus		1	Detients by Des	1	_		
Net Revenue	\$1,554,346	\$478,735	\$401,245	\$16,745	\$20,750	\$2,471,821	\$0
1/1/2012 to 12/31/2013	62.9%	19.4%	16.2%	0.7%	0.8%	100.0%	0.0%
Patient	62	19	14	3	1	99	0
	62.6%	19.2%	14.1%	3.0%	1.0%	100.0%	0.0%
	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care

			15					
Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	26	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	73	
15-44 yr	9	6	15	Black/ African American :	47	Unknown Ethnicity Patients	0	
45-64 yr	24	11	35	Hawaiian /Pacific Islande	0	TOTAL:	99	
65-74 yr	17	9	26	White:	52			
75 < yrs	14	9	23	Unknown:	0			
Total	64	35	99	TOTAL:	99			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Merrionette Park Name:

11650 S. Kedzie Avenue Address:

Merrionette Park City:

Cook County: HSA: Medicare ID: 14-2667 **Legal Entity Operator:**

Renal Care Group Chicago Southside, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** RSA PROPERTIES, LLC

Other Ownership:

Medical Director Name: Dr. Eiikeme Obasi **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT					
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	32				
Certified Stations by CMS:	24	Regsitered Nurse :	5				
Peak Authorized Stations Operated:	24	Dialysis Technician :	12				
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	0				
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1				
(subset of authorized stations)		LPN:	0				
Number of Shifts Operated per day		Other Health :	0				
		Other Non-Health:	1				
<u>Dialysis Station Uti</u>	Dialysis Station Utilization for the Week of Oct 1 - 7						

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	18	0	18	
Number of Patients Treated	46	48	46	49	49	0	48	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 105 In-Center Treatments in calendar year: 16,943 (Beginning patients) **Number of Missed Treatments:** 637

Average Daily Treatments: Patients treated as of 12/31/2013:

103 (Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 151 treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	53	Recovered patients:	3	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	3	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	75%
Patients Re-Started:	2	Patients transferred out:	27	Use Rate (including Missed Treatments):	78%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	73%
Total:	58	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	72%
		Patients deceased:	16	Renal Network Use Rate:	72%
		Total:	54		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	58.9%	6.0%	33.1%	1.3%	0.7%	100.0%	0.0%
Patient	89	9	50	2	1	151	0
1/1/2012 to 12/31/2012	45.6%	2.6%	51.5%	0.3%	0.0%	100.0%	0.0%
Net Revenue	\$2,746,126	\$155,913	\$3,097,415	\$17,440	\$0	\$6,016,893	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS MALE	FEMALE TO	TAL Asiar	Patients:	5	Hispanic Latino	Patients:	7

<u>Pat</u>	tients by Ac	<u>ie and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	5	Hispanic Latino Patients:	7	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	144	
15-44 yr	9	8	17	Black/ African American :	101	Unknown Ethnicity Patients	0	
45-64 yr	32	22	54	Hawaiian /Pacific Islande	0	TOTAL:	151	
65-74 yr	9	18	27	White:	45			
75 < yrs	24	29	53	Unknown:	0			
Total	74	77	151	TOTAL:	151			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Midway Name:

6201 West 63rd Street Address:

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2713 **Legal Entity Operator:**

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: AMERICAN REALTY CAPITAL OPERATING

Other Ownership:

Medical Director Name: Dr. Nic Hristea **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	3
	4.0		•

Certified Statio Peak Authorized Stations Operated: Dialysis Technician: 12 6 Authorized Stations Setup and Staffed in Oct 1-7: 12 Dietician: 0 Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	17	16	17	16	0	17
Number of Patients Treated	28	33	29	33	24	0	34

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 70 In-Center Treatments in calendar year: 9.135 (Beginning patients) **Number of Missed Treatments:** 423 **Average Daily Treatments:** Patients treated as of 12/31/2013:

71 (Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 91 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the PAC	<u> </u>	LOCOLO TO THE LACIETY		OSE RATE IOI LITE FACILITY	
New Patients:	26	Recovered patients:	2	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	3	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	81%
Patients Re-Started:	1	Patients transferred out:	12	Use Rate (including Missed Treatments):	85%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	97%
Total:	30	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	99%
		Patients deceased:	10	Renal Network Use Rate:	99%

Total: 24

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	51.6%	11.0%	30.8%	5.5%	1.1%	100.0%	0.0%
Patient	47	10	28	5	1	91	0
1/1/2012 to 12/31/2012	46.0%	6.6%	46.5%	0.2%	0.7%	100.0%	0.0%
Net Revenue	\$1,164,167	\$167,372	\$1,177,301	\$4,128	\$17,706	\$2,530,675	\$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	33
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	57
15-44 yr	7	4	11	Black/ African American :	18	Unknown Ethnicity Patients	1
45-64 yr	31	9	40	Hawaiian /Pacific Islande	0	TOTAL:	91
65-74 yr	19	8	27	White:	72		
75 < yrs	10	3	13	Unknown:	1		
Total	67	24	91	TOTAL:	91		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Morris Name: 1401 Lakewood Drive, Ste B Address:

Morris City: Grundy County: HSA: 9 Medicare ID: 14-2596 **Legal Entity Operator:**

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

For Profit Corporation Ownership Type: **Property Owner:** Revive Enterprise Inc.

Other Ownership:

Medical Director Name: Dr. Mohommad Shafi **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT							
Authorized Stations as of 12/31/2013:	10	Full-Time Work Week:	32					
Certified Stations by CMS:	10	Regsitered Nurse :	2					
Peak Authorized Stations Operated:	10	Dialysis Technician :	4					
Authorized Stations Setup and Staffed in Oct 1-7:	10	Dietician :	0					
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0					
(subset of authorized stations)		LPN:	0					
Number of Shifts Operated per day		Other Health :	0					
		Other Non-Health:	1					
Dialysis Station Utilization for the Week of Oct 1 - 7								

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	10	14	10	13	9	0	14	
Number of Patients Treated	5	12	5	10	7	0	11	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information Patients treated as of 1/1/2013: 32 In-Center Treatments in calendar year:

3,500 (Beginning patients) **Number of Missed Treatments:** 103 **Average Daily Treatments:**

Patients treated as of 12/31/2013: 17 (Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 39 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONO LO LIIO I ALO				<u> </u>	
New Patients:	6	Recovered patients:	0	Treatment Capacity/year (based on Stations):	9,360
Transient Patients:	1	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	37%
Patients Re-Started:	0	Patients transferred out:	14	Use Rate (including Missed Treatments):	38%
Post-Transplant Patien	0	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	53%
Total:	7	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	28%
		Patients deceased:	7	Renal Network Use Rate:	28%
		Total:	24		

Patients and Net Revenue by Payor Source

		Medica	re Me	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		82.1	1%	7.7%	2.6%	2.6%	5.1%	100.0%	0.0%
Patient		:	32	3	1	1	2	39	0
1/1/2012 to	12/31/2012	72.7	7%	6.4%	17.7%	0.5%	2.7%	100.0%	0.0%
Net Revenue		\$1,278,997	\$11	2,681	\$312,222	\$7,924	\$47,913	\$1,759,737	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	ν
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	n Patients:	1	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	36

<u>Pat</u>	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	3	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	36	
15-44 yr	4	1	5	Black/ African American :	2	Unknown Ethnicity Patients	0	
45-64 yr	5	2	7	Hawaiian /Pacific Islande	0	TOTAL:	39	
65-74 yr	7	7	14	White:	36			
75 < yrs	9	4	13	Unknown:	0			
Total	25	14	39	TOTAL:	39			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Mundelein

Address: 1400 Townline Road

City: Mundelein
County: Lake
HSA: 8
Medicare ID: 14-2731

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: UNIVERSAL POOL COMPANY, INC

Other Ownership:

Medical Director Name: Dr. Shalini Patel
Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32	
Certified Stations by CMS:	12	Regitered Nurse :	2	

Certified Stations by CMS: Reasitered Nurse : **Peak Authorized Stations Operated:** 12 Dialysis Technician: 4 Authorized Stations Setup and Staffed in Oct 1-7: 12 Dietician: 0 Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	16	0	16	0	0	16
Number of Patients Treated	0	33	0	33	0	0	33

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 12 In-Center Treatments in calendar year: 3,672 (Beginning patients) Number of Missed Treatments: 233
Patients treated as of 12/31/2013: Average Daily Treatments: 440.0

Average Treatment Time (min): 240.0

Total Unduplicated patients 58

treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	44	Recovered patients:	2	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	9	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	33%
Patients Re-Started:	0	Patients transferred out:	14	Use Rate (including Missed Treatments):	35%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	17%
Total:	53	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	46%
		Patients deceased:	4	Renal Network Use Rate:	46%
		Total:	22		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	74.1%	3.4%	19.0%	1.7%	1.7%	100.0%	0.0%
Patient	43	2	11	1	1	58	0
1/1/2012 to 12/31/2012	26.7%	0.0%	73.3%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$200,240	\$0	\$549,876	\$316	\$0	\$750,432	\$0
Patients by Age and Sex			Patients by Rac	e	Pati	ents by Ethnicit	v

					-		-	
Patients by Age and Sex			Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	21	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	37	
15-44 yr	3	2	5	Black/ African American :	9	Unknown Ethnicity Patients	0	
45-64 yr	12	3	15	Hawaiian /Pacific Islande	0	TOTAL:	58	
65-74 yr	13	6	19	White:	47			
75 < yrs	12	7	19	Unknown:	0			
Total	40	18	58	TOTAL:	58			

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Ownership, Management and General Information

Name: Fresenius Medical Care Naperbrook
Address: 2451 South Washington Street

City: Naperville
County: DuPage
HSA: 7
Medicare ID: 14-0002

Legal Entity Operator:

Fresenius Medical Care Naperbrook, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: BRUSHY CREEK DIALYSIS, LLC

Other Ownership:

Medical Director Name: Dr. Enayat Osanloo Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32	
Certified Stations by CMS:	0	Regsitered Nurse :	1	
Peak Authorized Stations Operated:	16	Dialysis Technician :	1	
Authorized Stations Setup and Staffed in Oct 1-7:	1	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	7	0	7	0	0	7	
Number of Patients Treated	0	1	0	2	0	0	2	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 0 In-Center Treatments in calendar year: 79 (Beginning patients) Number of Missed Treatments: 0

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 270.0

Total Unduplicated patients 3

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

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New Patients:	3	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	0	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	1%
Patients Re-Started:	0	Patients transferred out:	0	Use Rate (including Missed Treatments):	1%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	0%
Total:	3	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	0%
		Patients deceased:	0	Renal Network Use Rate:	0%
		Total:	3		

Patients and Net Revenue by Payor Source

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Charity Caro

Private Incurance

		weak	are i	viedicaid	Private insurance	Private Pay	Other Public	IOTAL	Charity Care
		33	2.3%	0.0%	66.7%	0.0%	0.0%	100.0%	0.0%
Patient			1	0	2	0	0	3	0
1/1/2012 to 1	12/31/2012	# / \	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue			\$ 0	\$0	\$0	\$0	\$0	\$0	\$0
Patients by Age and Sex					Patients by Rac	Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino Pa	atients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Lati	no Patien	3
15-44 yr	0	0	0	Black	/ African American :	2	Unknown Ethnicity Patients		0
45-64 yr	2	0	2	Hawa	iian /Pacific Islande	0	TOTAL:		3
65-74 yr	0	1	1	White) :	1			
75 < yrs	0	0	0	Unkn	own:	0			
Total	2	1	3	TOTA	L:	3			

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Ownership, Management and General Information

Fresenius Medical Care Naperville Name: 100 Spalding Drive, Ste 108

Address: Naperville City: DuPage County:

HSA: Medicare ID: 14-2543 **Legal Entity Operator:**

WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Edward Physician Office Center

Other Ownership:

Medical Director Name: Dr. Enayat Osanloo **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2013:	15	Full-Time Work Week:	32
Certified Stations by CMS:	15	Regsitered Nurse :	4
Peak Authorized Stations Operated:	15	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	15	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	18	16	18	16	0	18
Number of Patients Treated	36	39	32	38	36	0	41

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 73 In-Center Treatments in calendar year: 11,317 (Beginning patients) **Number of Missed Treatments:** 310 **Average Daily Treatments:**

Patients treated as of 12/31/2013: 69 Average Treatment Time (min): (Ending patients) 280.0

Total Unduplicated patients 140

treated in calendar year: ADDITIONS to the FACILITY

LOSSES to the FACILITY **USE RATE for the FACILITY**

ABBITIONS to the 17th	/			<u>002 107112 101 1110 17101211 1</u>	
New Patients:	53	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,040
Transient Patients:	25	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	81%
Patients Re-Started:	0	Patients transferred out:	62	Use Rate (including Missed Treatments):	83%
Post-Transplant Patien	0	Patients voluntarily discontinued	5	Use Rate (Begining patients treated):	81%
Total:	78	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	77%
		Patients deceased:	5	Renal Network Use Rate:	0%
		Total	75		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	75.0%	3.6%	17.9%	2.9%	0.7%	100.0%	0.0%
Patient	105	5	25	4	1	140	0
1/1/2012 to 12/31/2012	58.1%	2.8%	37.9%	0.2%	1.1%	100.0%	0.0%
Net Revenue	\$2,627,955	\$124,605	\$1,716,017	\$8,034	\$49,030	\$4,525,642	\$0
Patients by Age	and Sex		Patients by Race	e	Pat	ients by Ethnicit	v

<u>Pat</u>	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	8	Hispanic Latino Patients:	8
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	132
15-44 yr	15	5	20	Black/ African American :	46	Unknown Ethnicity Patients	0
45-64 yr	31	20	51	Hawaiian /Pacific Islande	0	TOTAL:	140
65-74 yr	24	18	42	White:	86		
75 < yrs	14	13	27	Unknown:	0		
Total	84	56	140	TOTAL:	140		

Facility was approved per permit #13-061 to discontinue by April 2014. Facility was still operating all authorized 15 stations in 2013. Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Niles Name:

9371 N. Milwaukee Ave Address:

Niles City: Cook County: HSA. 7 Medicare ID: 14-2559 **Legal Entity Operator:**

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** Millbrook Center, LLC

Other Ownership:

Medical Director Name: Dr. Harold Bregman **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME I	EQUIVALENT
Authorized Stations as of 12/31/2013:	32	Full-Time Work Week:	32
Certified Stations by CMS:	32	Regsitered Nurse :	8
Peak Authorized Stations Operated:	32	Dialysis Technician :	14
Authorized Stations Setup and Staffed in Oct 1-7:	32	Dietician :	1
Isolation Stations Set up in Oct 1-7:	4	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1
<u> Dialysis Station Ut</u> i	ilization for the We	eek of Oct 1 - 7	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	21	12	21	12	0	21
Number of Patients Treated	45	79	44	85	45	0	83

Facility Utilization Information

Facility Reported Patient Information

Facility Reported Treatment Information 19.541

101

Patients treated as of 1/1/2013: 139 In-Center Treatments in calendar year: (Beginning patients) **Number of Missed Treatments:**

Average Daily Treatments: Patients treated as of 12/31/2013: 128

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 201 treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY New Patients: 53 Recovered patients: 1 Treatment Capacity/year (based on Stations): 29,952 **Transient Patients:** 9 **Transplant Recipients:** 9 Use Rate (Treatments/Treatment capacity): 65% Patients Re-Started: 0 Patients transferred out: 57 Use Rate (including Missed Treatments): 66% **Post-Transplant Patien** 0 Patients voluntarily discontinued 6 Use Rate (Begining patients treated): 72% Total: 62 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 67% Patients deceased: 0 **Renal Network Use Rate:** 69% Total: 73

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	71.6%	8.0%	17.9%	2.5%	0.0%	100.0%	0.0%
Patient	144	16	36	5	0	201	0
1/1/2012 to 12/31/2012	59.0%	5.1%	35.6%	0.2%	0.0%	100.0%	0.0%
Net Revenue	\$4,093,031	\$355,548	\$2,468,322	\$16,561	\$0	\$6,933,462	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	У

Pat	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	45	Hispanic Latino Patients:	14
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	187
15-44 yr	8	9	17	Black/ African American :	9	Unknown Ethnicity Patients	0
45-64 yr	21	41	62	Hawaiian /Pacific Islande	0	TOTAL:	201
65-74 yr	14	27	41	White:	147		
75 < yrs	29	52	81	Unknown:	0		
Total	72	129	201	TOTAL:	201		

Facility was operating a 4th shift on Monday, Wednesday, Friday. Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Norridge Name:

4701 North Cumberland Address:

Norridge City: Cook County: HSA: 7 Medicare ID: 14-2521

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

2

Legal Entity Owner:

Ownership Type: Limited Liability Company

Other Non-Health:

Property Owner: Cumberland Mall

Other Ownership:

Medical Director Name: Dr. Chirag Patel **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME E	<u> QUIVALENT</u>
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Regsitered Nurse :	4
Peak Authorized Stations Operated:	16	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1

Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	16	12	16	12	0	16
Number of Patients Treated	24	43	23	42	25	0	44

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 76 In-Center Treatments in calendar year: 10.709 (Beginning patients) **Number of Missed Treatments:** 346

Average Daily Treatments: Patients treated as of 12/31/2013: 69

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 120 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients:	26	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	18	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	72%
Patients Re-Started:	0	Patients transferred out:	36	Use Rate (including Missed Treatments):	74%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	79%
Total:	44	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	72%
		Patients deceased:	12	Renal Network Use Rate:	74%
		Total:	51		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	73.3%	12.5%	11.7%	2.5%	0.0%	100.0%	0.0%
Patient	88	15	14	3	0	120	0
1/1/2012 to 12/31/2012	62.1%	6.6%	31.3%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$2,111,411	\$225,199	\$1,064,478	\$698	\$0	\$3,401,786	\$0
		ı		1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	5	Hispanic Latino Patients:	14
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	106
15-44 yr	15	3	18	Black/ African American :	3	Unknown Ethnicity Patients	0
45-64 yr	10	38	48	Hawaiian /Pacific Islande	0	TOTAL:	120
65-74 yr	16	7	23	White:	112		
75 < yrs	31	0	31	Unknown:	0		
Total	72	48	120	TOTAL:	120		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care North Avenue Name:

911 W. North Avenue Address:

Melrose Park City:

Cook County: HSA: Medicare ID: 14-2602 **Legal Entity Operator:**

WSKC Dialysis Services, Inc.

2

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Gottlieb Memorial Hospital

Other Non-Health:

Other Ownership:

Dr. Martin Finn **Medical Director Name: Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME	TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	32		
Certified Stations by CMS:	24	Regsitered Nurse :	7		
Peak Authorized Stations Operated:	24	Dialysis Technician :	15		
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health:	0		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	17	0	17	
Number of Patients Treated	50	54	48	56	51	0	55	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 132 In-Center Treatments in calendar year: 16,665 (Beginning patients) **Number of Missed Treatments:** 357

Average Daily Treatments: Patients treated as of 12/31/2013:

112 (Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 179

treated in calendar year: **ADDITIONS to the FACILITY**

LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	53	Recovered patients:	2	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	6	Transplant Recipients:	7	Use Rate (Treatments/Treatment capacity):	74%
Patients Re-Started:	0	Patients transferred out:	43	Use Rate (including Missed Treatments):	76%
Post-Transplant Patien	0	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	92%
Total:	59	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	78%
		Patients deceased:	8	Renal Network Use Rate:	78%
		Total:	63		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	62.6%	5.6%	27.4%	3.9%	0.6%	100.0%	0.0%
Patient	112	10	49	7	1	179	0
1/1/2012 to 12/31/2012	44.3%	3.3%	52.3%	0.1%	0.0%	100.0%	0.0%
Net Revenue	\$3,327,353	\$246,565	\$3,930,970	\$9,321	\$0	\$7,514,209	\$0
Patients by Age	and Sev		Patients by Rac	0	Pat	ients by Ethnicit	V

Patients by Age and Sex			Patients by Race	Patients by Race Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	14
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	165
15-44 yr	11	11	22	Black/ African American :	67	Unknown Ethnicity Patients	0
45-64 yr	51	25	76	Hawaiian /Pacific Islande	0	TOTAL:	179
65-74 yr	21	14	35	White:	107		
75 < yrs	26	20	46	Unknown:	0		
Total	109	70	179	TOTAL:	179		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care North Kilpatrick Name:

Address: 4800 North Kilpatrick

Chicago City: Cook County: HSA. 6 Medicare ID: 14-2501

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

FACILITY STAFFING - FULL TIME EQUIVALENT

Legal Entity Owner:

Ownership Type: Limited Liability Company Kilpatrick 1.0, LLC

Property Owner: Other Ownership:

Medical Director Name: Dr. Madhay Rao **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	
STATION INFORMATION	

Authorized Stations as of 12/31/2013:	28	Full-Time Work Week:	32
Certified Stations by CMS:	28	Regsitered Nurse :	7
Peak Authorized Stations Operated:	28	Dialysis Technician :	15
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	3

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	17	0	17
Number of Patients Treated	66	69	62	73	61	0	74

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2013: 128 (Beginning patients) Patients treated as of 12/31/2013: 148 (Ending patients)

Total Unduplicated patients treated in calendar year:

Facility Reported Treatment Information

In-Center Treatments in calendar year: 20.982 **Number of Missed Treatments:** 154

Average Daily Treatments:

Average Treatment Time (min): 315.0

LOSSES to the FACILITY **ADDITIONS to the FACILITY**

New Patients: 67 **Transient Patients:** 6 Patients Re-Started: 2 **Post-Transplant Patien** Total: 76

Recovered patients: 2 **Transplant Recipients:** Patients transferred out: Patients voluntarily discontinued Patients lost to follow up: Patients deceased: Total:

195

2 37 1 0 14 56

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): 26,208 Use Rate (Treatments/Treatment capacity): 80% Use Rate (including Missed Treatments): 81% Use Rate (Begining patients treated): 76% Use Rate (Year end Patients/Stations*6): 88% **Renal Network Use Rate:** 84%

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	52.8%	16.9%	20.5%	8.2%	1.5%	100.0%	0.0%
Patient	103	33	40	16	3	195	0
1/1/2012 to 12/31/2012 Net Revenue	<i>50.5%</i> \$2,839,106	<i>17.9%</i> \$1.005.761	<i>31.1%</i> \$1.748.928	<i>0.2%</i> \$12.843	<i>0.2%</i> \$11.265	100.0% \$5,617,902	<i>0.0%</i> \$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	22	Hispanic Latino Patients:	80
<14 yrs	0	0	0	Native American/ Indian:	2	Non-Hispanic Latino Patien	115
15-44 yr	22	16	38	Black/ African American :	23	Unknown Ethnicity Patients	0
45-64 yr	48	24	72	Hawaiian /Pacific Islande	20	TOTAL:	195
65-74 yr	26	16	42	White:	128		
75 < yrs	20	23	43	Unknown:	0		
Total	116	79	195	TOTAL:	195		

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Ownership, Management and General Information

Name: Fresenius Medical Care Northcenter

Address: 2620 West Addison Street

14-2531

City: Chica County: Cook HSA: 6

Medicare ID:

Chicago Cook 6 Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

2

Legal Entity Owner:

Ownership Type: Limited Liability Company

Other Non-Health:

Property Owner: BRYTON PROPERTIES, LLC ADDISON SERI

Other Ownership:

Medical Director Name: Dr. Mark Leischner Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME I	TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32	
Certified Stations by CMS:	16	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	16	Dialysis Technician :	7	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	16	0	16
Number of Patients Treated	35	32	33	37	38	0	36

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 72 In-Center Treatments in calendar year: 11,937 (Beginning patients) Number of Missed Treatments: 430

Patients treated as of 12/31/2013: Average Daily Treatments:

48

8

105

White:

TOTAL:

Unknown:

18

3

48

(Ending patients)

Average Treatment Time (min): 240.0

Total Unduplicated patients 105 treated in calendar year:

30

5

57

65-74 yr

75 < yrs

Total

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	27	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	6	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	80%
Patients Re-Started:	0	Patients transferred out:	16	Use Rate (including Missed Treatments):	83%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	75%
Total:	33	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	81%
		Patients deceased:	8	Renal Network Use Rate:	80%
		Total:	27		

Patients and Net Revenue by Payor Source

		Medic	care N	/ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		65	5.7%	25.7%	5.7%	2.9%	0.0%	100.0%	0.0%
Patient			69	27	6	3	0	105	0
1/1/2012 to 1	12/31/2012	58	3.4%	15.6%	25.1%	0.9%	0.0%	100.0%	0.0%
Net Revenue		\$1,960,23	37 \$5	23,316	\$844,313	\$31,044	\$0	\$3,358,910	\$0
Pat	tients by Ag	e and Sex			Patients by Race	2	<u>Pat</u>	ients by Ethnicit	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	7	Hispanic Latino	Patients:	34
<14 yrs	0	0	0	Nativ	e American/ Indian:	1	Non-Hispanic La	atino Patien	71
15-44 yr	6	7	13	Black	d African American :	9	Unknown Ethnic	city Patients	0
45-64 vr	16	20	36	Hawa	iian /Pacific Islande	1	TOTAL:		105

87

0

105

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Northfield

Address: 480 Central Avenue

City: Northfield
County: Cook
HSA: 7
Medicare ID: 14-0003

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: V.P.R.E. REAL HOLDINGS, LLC

Other Ownership:

Medical Director Name: Dr. Sandeep Mehta
Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32		
Certified Stations by CMS:	0	Regsitered Nurse :	2		
Peak Authorized Stations Operated:	12	Dialysis Technician :	1		
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0		
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	1		

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	8	8	8	8	8	0	8	
Number of Patients Treated	0	1	0	1	0	0	1	

Facility Utilization Information

Facility Reported Patient Information
Patients treated as of 1/1/2013:
(Beginning patients)

Patients treated as of 12/31/2013:
(Beginning patients)

Number of Missed Treatments:

Average Daily Treatments:

Average Treatment Time (min):

240.0

Total Unduplicated patients 1 treated in calendar year:

Modicaro

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
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Modicaid

ABBITIONS to the 17to				002 11/112 101 1110 171012111	
New Patients:	1	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	0%
Patients Re-Started:	0	Patients transferred out:	0	Use Rate (including Missed Treatments):	0%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	0%
Total:	1	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	1%
		Patients deceased:	0	Renal Network Use Rate:	1%
		Total	Λ		

Patients and Net Revenue by Payor Source

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Other Bublic

TOTAL

Charity Caro

Drivato Incuranco

		weak	are i	viedicaid	Private insurance	Private Pay	Other Public	IOTAL	Charity Care
		0	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Patient			0	0	1	0	0	1	0
1/1/2012 to 1	12/31/2012	#∧	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue		;	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pat	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Patier</u>	nts by Ethnicity	<u></u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino Pa	atients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Lati	no Patien	1
15-44 yr	0	0	0	Black	/ African American :	0	Unknown Ethnicity	y Patients	0
45-64 yr	0	0	0	Hawa	iian /Pacific Islande	0	TOTAL:		1
65-74 yr	0	0	0	White	e:	1			
75 < yrs	0	1	1	Unkn	own :	0			
Total	0	1	1	TOTA	۸L:	1			

Facility was not yet certified in 2013 and was not operating in 2012. Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Northwestern Name: Address: 710 North Fairbanks, Suite 4-200

City: Chicago Cook County: 6

HSA. Medicare ID: 14-2597 **Legal Entity Operator:**

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Northwestern Memorial Hospital

Other Ownership:

Medical Director Name: Dr. Brian Duffy **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME	ME EQUIVALENT			
Authorized Stations as of 12/31/2013:	44	Full-Time Work Week:	32		
Certified Stations by CMS:	44	Regsitered Nurse :	11		
Peak Authorized Stations Operated:	44	Dialysis Technician :	20		
Authorized Stations Setup and Staffed in Oct 1-7:	36	Dietician :	2		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	2		
(subset of authorized stations)		LPN:	1		
			_		

Number of Shifts Operated per day Other Health: 2 Other Non-Health: 2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	18	0	18	
Number of Patients Treated	75	80	79	85	78	0	86	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 187 In-Center Treatments in calendar year: 25.901 (Beginning patients) **Number of Missed Treatments:** 198

Average Daily Treatments: Patients treated as of 12/31/2013: 166

(Ending patients) Average Treatment Time (min): 280.0

Total Unduplicated patients 341 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients: 118 Recovered patients: 4 Treatment Capacity/year (based on Stations): 41,184 **Transient Patients:** 32 **Transplant Recipients:** 11 Use Rate (Treatments/Treatment capacity): 63% Patients Re-Started: 2 Patients transferred out: 108 Use Rate (including Missed Treatments): 63% **Post-Transplant Patien** 2 Patients voluntarily discontinued 7 Use Rate (Begining patients treated): 71% Total: 154 Patients lost to follow up: 2 Use Rate (Year end Patients/Stations*6): 63% Patients deceased: 25 **Renal Network Use Rate:** 67% Total: 157

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	63.6%	9.7%	21.1%	5.6%	0.0%	100.0%	0.0%
Patient	217	33	72	19	0	341	0
1/1/2012 to 12/31/2012	48.5%	7.7%	43.6%	0.2%	0.0%	100.0%	0.0%
Net Revenue	\$5,152,728	\$813,987	\$4,631,627	\$26,009	\$0	\$10,624,351	\$0
		1		1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	9	Hispanic Latino Patients:	88	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	161	
15-44 yr	18	14	32	Black/ African American :	139	Unknown Ethnicity Patients	92	
45-64 yr	90	78	168	Hawaiian /Pacific Islande	0	TOTAL:	341	
65-74 yr	55	31	86	White:	101			
75 < yrs	33	22	55	Unknown:	92			
Total	196	145	341	TOTAL:	341			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Oak Forest Name:

5340A West 159th Street Address:

Oak Forest City: Cook County: HSA: Medicare ID: 14-2764

Legal Entity Operator:

Fresenius Medical Care Oak Forest, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** RGE Investments #5 FMC, LLC

Other Ownership:

Medical Director Name: Dr. Janetter McLaughlin

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	2
Peak Authorized Stations Operated:	4	Dialysis Technician :	1
Authorized Stations Setup and Staffed in Oct 1-7:	4	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	8	0	8	0	0	8	
Number of Patients Treated	0	1	0	1	0	0	1	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 0 In-Center Treatments in calendar year: 67 (Beginning patients) **Number of Missed Treatments:** 0

Average Daily Treatments: Patients treated as of 12/31/2013: 6

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 6 treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY ADDITIONS to the FACILITY

New Patients:	6	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	1%
Patients Re-Started:	0	Patients transferred out:	0	Use Rate (including Missed Treatments):	1%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	0%
Total:	6	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	8%
		Patients deceased:	0	Renal Network Use Rate:	8%
		Total:	0		

Patients and Net Revenue by Payor Source

		Medic	care	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		83	2.3%	0.0%	16.7%	0.0%	0.0%	100.0%	0.0%
Patient			5	0	1	0	0	6	0
1/1/2012 to	12/31/2012	#∧	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue		(\$O	\$0	\$0	\$0	\$0	\$0	\$0
Par	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Patie</u>	nts by Ethnicit	У
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino Pa	atients:	1
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Lati	no Patien	5
15-44 yr	0	0	0	Black	/ African American :	2	Unknown Ethnicit	y Patients	0
45-64 yr	2	0	2	Hawa	iian /Pacific Islande	0	TOTAL:		6
65-74 yr	0	1	1	White	: :	3			
75 < yrs	0	3	3	Unkn	own :	1			
Total	2	4	6	TOTA	L:	6			

The facility was not in operation in 2012. Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Oak Park

Address: 733 Madison Street

 City:
 Oak Park

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2504

Legal Entity Operator:

Fresenius Medical Care River Forest, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: Three M & L Partnership

Other Ownership:

Medical Director Name: Dr. Paul Balter
Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVAL	<u>ENT</u>

Authorized Stations as of 12/31/2013: 12 **Full-Time Work Week:** 32 **Certified Stations by CMS:** 12 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 12 Dialysis Technician: 6 Authorized Stations Setup and Staffed in Oct 1-7: 12 Dietician: 0 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health . 0 Other Non-Health: 2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	13	13	13	13	0	13
Number of Patients Treated	20	22	19	21	22	0	20

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 43 In-Center Treatments in calendar year: 6,243 (Beginning patients) Number of Missed Treatments: 320 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 300.0

Total Unduplicated patients 65 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: 22 Recovered patients: 0 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 1 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 56% Patients Re-Started: 0 Patients transferred out: 9 Use Rate (including Missed Treatments): 58% **Post-Transplant Patien** 2 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 60% Total: 25 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 65% Patients deceased: **Renal Network Use Rate:** 7 67% Total: 18

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	69.2%	13.8%	13.8%	3.1%	0.0%	100.0%	0.0%
Patient	45	9	9	2	0	65	0
1/1/2012 to 12/31/2012	65.6%	8.2%	26.1%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$102,395	\$12,785	\$40,796	\$55	\$0	\$156,031	\$0
Patients by Age	and Sav		Patients by Pac	•	Dati	ente by Ethnicit	M

Pat	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	1	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	64	
15-44 yr	7	1	8	Black/ African American :	56	Unknown Ethnicity Patients	0	
45-64 yr	22	12	34	Hawaiian /Pacific Islande	0	TOTAL:	65	
65-74 yr	7	6	13	White:	8			
75 < yrs	3	7	10	Unknown:	0			
Total	39	26	65	TOTAL:	65			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care of Deerfield

Address: 405 Lake Cook Road

 City:
 Deerfield

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2710

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: Lake-Cook Plaza, LLC

Other Ownership:

Medical Director Name: Dr. Shalini Patel
Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT				
s as of 12/21/2013:	12	Full-Time Work Week	22			

Authorized Stations as of 12/31/2013: 32 Full-Time Work Week: **Certified Stations by CMS:** 12 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 12 Dialysis Technician: 4 Authorized Stations Setup and Staffed in Oct 1-7: 12 Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health : 0 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	7	16	7	16	7	0	16	
Number of Patients Treated	6	28	7	27	9	0	28	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 40 In-Center Treatments in calendar year: 5,578 (Beginning patients) Number of Missed Treatments: 164
Patients treated as of 12/31/2013: 40 Average Daily Treatments: 5,578
Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

240.0

Total Unduplicated patients 68 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: 8 Recovered patients: 0 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 15 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 50% Patients Re-Started: 0 Patients transferred out: 13 **Use Rate (including Missed Treatments):** 51% **Post-Transplant Patien** 1 Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 56% Total: 24 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 54% Patients deceased: **Renal Network Use Rate:** 4 54% Total: 21

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	72.1%	2.9%	23.5%	0.0%	1.5%	100.0%	0.0%
Patient	49	2	16	0	1	68	0
1/1/2012 to 12/31/2012	40.5%	2.0%	57.4%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$1,111,164	\$55,979	\$1,574,158	\$0	\$0	\$2,741,301	\$0
		1		1			

			15		15	. , ,	
Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	3	Hispanic Latino Patients:	6
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	62
15-44 yr	1	3	4	Black/ African American :	3	Unknown Ethnicity Patients	0
45-64 yr	10	9	19	Hawaiian /Pacific Islande	0	TOTAL:	68
65-74 yr	9	9	18	White:	62		
75 < yrs	17	10	27	Unknown:	0		
Total	37	31	68	TOTAL:	68		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care of Lake Bluff Name:

101 Waukegan Rd., Ste. 700 Address:

Lake Bluff City: Lake County: HSA: 8 Medicare ID: 14-2669

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Carriage Point Limited Partnership

Other Ownership:

Medical Director Name: Dr. Joshua Trob **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Regsitered Nurse :	3
Peak Authorized Stations Operated:	16	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	18	19	18	17	0	18
Number of Patients Treated	36	43	36	42	36	0	41

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 85 In-Center Treatments in calendar year: 12.416 (Beginning patients) **Number of Missed Treatments:** 160

Average Daily Treatments: Patients treated as of 12/31/2013: 76

Average Treatment Time (min): (Ending patients) 280.0

Total Unduplicated patients 114 treated in calendar year:

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	33	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	22	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	83%
Patients Re-Started:	0	Patients transferred out:	33	Use Rate (including Missed Treatments):	84%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	89%
Total:	55	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	79%
		Patients deceased:	8	Renal Network Use Rate:	79%

Total: 46

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	61.4%	9.6%	22.8%	3.5%	2.6%	100.0%	0.0%
Patient	70	11	26	4	3	114	0
1/1/2012 to 12/31/2012	51.3%	6.1%	41.0%	0.3%	1.4%	100.0%	0.0%
Net Revenue	\$2,235,165	\$264,207	\$1,785,680	\$14,156	\$61,360	\$4,360,568	\$0
Patients by Age	e and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	<u> </u>
AGE GROUPS MALE	FEMALE TO	ΓAL Asian	Patients:	3	Hispanic Latino	Patients:	24

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	3	Hispanic Latino Patients:	24	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	90	
15-44 yr	12	9	21	Black/ African American :	46	Unknown Ethnicity Patients	0	
45-64 yr	26	16	42	Hawaiian /Pacific Islande	1	TOTAL:	114	
65-74 yr	11	6	17	White:	64			
75 < yrs	19	15	34	Unknown:	0			
Total	68	46	114	TOTAL:	114			

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Ownership, Management and General Information

Name: Fresenius Medical Care of Lakeview

Address: 4008 N. Broadway, St. 1200

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2679

Legal Entity Operator: Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

2

270.0

Property Owner: Thorek Hospital and Medical Center

Other Non-Health:

Other Ownership:

Medical Director Name: Dr. Sudesh Vohra Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	14	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	2
Peak Authorized Stations Operated:	10	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	10	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	15	15	15	15	0	15	
Number of Patients Treated	24	27	27	27	26	0	27	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 60 In-Center Treatments in calendar year: 9,338 (Beginning patients) Number of Missed Treatments: 91

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:
Average Treatment Time (min):

Total Unduplicated patients 85

25

19

85

White:

TOTAL:

Unknown:

4

11

29

treated in calendar year:

21

8

56

65-74 yr

75 < yrs

Total

ADDITIONS to the FACILITY LOSSES to the FACILITY	USE RATE for the FACILITY
--	---------------------------

New Patients: 23 Recovered patients: 0 Treatment Capacity/year (based on Stations): 13,104 Use Rate (Treatments/Treatment capacity): **Transient Patients:** 3 **Transplant Recipients:** 4 71% Patients Re-Started: 0 Patients transferred out: 23 Use Rate (including Missed Treatments): 72% **Post-Transplant Patien** Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 71% Total: 27 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 67% Patients deceased: **Renal Network Use Rate:** 4 67% Total: 33

Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		75	.3%	12.9%	7.1%	3.5%	1.2%	100.0%	0.0%
Patient			64	11	6	3	1	85	0
1/1/2012 to 1	2/31/2012	63	.9%	17.2%	16.0%	0.3%	2.5%	100.0%	0.0%
Net Revenue		\$1,563,34	11 \$42	21,503	\$392,713	\$8,020	\$61,773	\$2,447,350	\$0
Pat	ients by Ag	e and Sex			Patients by Race	2	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	9	Hispanic Latino	Patients:	16
<14 yrs	0	0	0	Native American/ Indian:		0	Non-Hispanic Latino Patien		69
15-44 yr	9	4	13	Black	/ African American :	32	Unknown Ethnic	city Patients	0
45-64 yr	18	10	28	Hawa	iian /Pacific Islande	0	TOTAL:		85

44

0

85

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care of McHenry

Address: 4312 W. Elm St.

City: McHenry
County: McHenry

HSA: 8 Medicare ID: 14-2672 Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

FACILITY STAFFING - FULL TIME EQUIVALENT

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Heidner Property Management Co, Inc.

Other Ownership:

Medical Director Name: Dr. Karol Rosner Provides Incenter Noctural Dialysis:

CTATION	INFORMATION	
SIAIION	INFORNATION	

Authorized Stations as of 12/31/2013:	14	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	3
Peak Authorized Stations Operated:	14	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
• • •		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	16	16	14	16	0	12
Number of Patients Treated	21	24	20	24	20	0	24

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 42 In-Center Treatments in calendar year: 7,003 (Beginning patients) Number of Missed Treatments: 197

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 240.0

(Ending patients)

Total Unduplicated patients

70

Total:

treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY

ABBITIONS to the 17to	<u></u>			002 11/112 10: 1110 1710 12:11 1	
New Patients:	22	Recovered patients:	0	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	8	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	53%
Patients Re-Started:	1	Patients transferred out:	23	Use Rate (including Missed Treatments):	55%
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	50%
Total:	32	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	52%
		Patients deceased:	3	Renal Network Use Rate:	55%

30

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	64.3%	10.0%	14.3%	7.1%	4.3%	100.0%	0.0%
Patient	45	7	10	5	3	70	0
12/1/2012 to 12/31/2012	45.0%	2.8%	48.8%	0.8%	2.7%	100.0%	0.0%
Net Revenue	\$1,250,146	\$76,734	\$1,356,240	\$21,515	\$75,390	\$2,780,025	\$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	10	Hispanic Latino Patients:	9
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	61
15-44 yr	6	5	11	Black/ African American :	6	Unknown Ethnicity Patients	0
45-64 yr	15	7	22	Hawaiian /Pacific Islande	0	TOTAL:	70
65-74 yr	12	7	19	White:	52		
75 < yrs	13	5	18	Unknown:	2		
Total	46	24	70	TOTAL:	70		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care of Metropolis

Address: 20 Hospital Dr City: Metropolis County; Massac

County: Massac HSA: 5
Medicare ID: 14-2705

Legal Entity Operator:

Metropolis Dialysis Services, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Massac Memorial Hospital

Other Ownership:

Medical Director Name: Dr. Shaukat Ali
Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME E	QUIVALENT
an of 40/04/0040.	0	Full Time West Week	20

Authorized Stations as of 12/31/2013: 32 8 **Full-Time Work Week: Certified Stations by CMS:** 8 Regsitered Nurse: 2 **Peak Authorized Stations Operated:** 8 Dialysis Technician: 2 Authorized Stations Setup and Staffed in Oct 1-7: 8 Dietician: 0 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	11	10	11	10	0	11
Number of Patients Treated	10	14	7	14	9	0	15

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 23 In-Center Treatments in calendar year: 3,537 (Beginning patients) Number of Missed Treatments: 147 Patients treated as of 12/31/2013: 23 Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

240.0

Total Unduplicated patients 46 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	14	Recovered patients:	3	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	9	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	47%
Patients Re-Started:	0	Patients transferred out:	4	Use Rate (including Missed Treatments):	49%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	48%
Total:	23	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	48%
		Patients deceased:	5	Renal Network Use Rate:	48%
		Total:	14		

Patients and Net Revenue by Payor Source

Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
76.1%	13.0%	10.9%	0.0%	0.0%	100.0%	0.0%
35	6	5	0	0	46	0
81.3%	6.8%	9.3%	2.3%	0.3%	100.0%	0.0%
\$743,213	\$61,798	\$85,236	\$21,387	\$3,027	\$914,661	\$0
-	76.1% 35 81.3%	76.1% 13.0% 35 6 81.3% 6.8%	76.1% 13.0% 10.9% 35 6 5 81.3% 6.8% 9.3%	76.1% 13.0% 10.9% 0.0% 35 6 5 0 81.3% 6.8% 9.3% 2.3%	76.1% 13.0% 10.9% 0.0% 0.0% 35 6 5 0 0 81.3% 6.8% 9.3% 2.3% 0.3%	76.1% 13.0% 10.9% 0.0% 0.0% 100.0% 35 6 5 0 0 46 81.3% 6.8% 9.3% 2.3% 0.3% 100.0%

Patients by Age and Sex		Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	46
15-44 yr	3	1	4	Black/ African American :	11	Unknown Ethnicity Patients	0
45-64 yr	11	8	19	Hawaiian /Pacific Islande	0	TOTAL:	46
65-74 yr	4	2	6	White:	35		
75 < yrs	11	6	17	Unknown:	0		
Total	29	17	46	TOTAL:	46		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care of Mokena Name:

8910 West 192nd Street Address:

Mokena City: Will County: HSA. 9 Medicare ID: 14-2689 **Legal Entity Operator:**

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** VIP Holdings I, LLC

Other Ownership:

Medical Director Name: Dr. Abraham Thomas **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	3
Peak Authorized Stations Operated:	12	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
• • •		Other Non-Health:	2

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	23.99	13	23.99	13	0	23.99	
Number of Patients Treated	16	21	16	21	16	0	20	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 45 In-Center Treatments in calendar year: 7,274 (Beginning patients) **Number of Missed Treatments:** 30

Average Daily Treatments: Patients treated as of 12/31/2013: 52 (Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 90 treated in calendar year:

3

53

75 < yrs

Total

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients: 36 Recovered patients: 1 Treatment Capacity/year (based on Stations): 11,232 2 **Transient Patients:** 12 **Transplant Recipients:** Use Rate (Treatments/Treatment capacity): 65% Patients Re-Started: 0 Patients transferred out: 26 Use Rate (including Missed Treatments): 65% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 63% Total: 48 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 72% Patients deceased: **Renal Network Use Rate:** 8 72% Total: 37

Patients and Net Revenue by Payor Source

		Medic	are l	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		66	.7%	3.3%	26.7%	3.3%	0.0%	100.0%	0.0%
Patient			60	3	24	3	0	90	0
1/1/2012 to 1	2/31/2012	49	.1%	2.1%	48.7%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$1,268,74	11 \$	54,491	\$1,258,223	\$0	\$936	\$2,582,390	\$0
Pat	ients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	2	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	87
15-44 yr	7	5	12	Black	/ African American :	40	Unknown Ethni	city Patients	0
45-64 yr	23	19	42	Hawa	iian /Pacific Islande	0	TOTAL:		90
65-74 yr	20	10	30	White) :	46			

2

90

4th shift is nocturnal. Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Unknown:

TOTAL:

6

90

3

37

Ownership, Management and General Information

Fresenius Medical Care of Naperville North Name:

514 West 5th Avenue Address:

Naperville City: DuPage County: HSA: Medicare ID: 14-2678

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** Mill Street Properties, LLC

Other Ownership:

Medical Director Name: Dr. Gregory Kozeny **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT						
Authorized Stations as of 12/31/2013:	21	Full-Time Work Week:	32					
Certified Stations by CMS:	21	Regsitered Nurse :	5					
Peak Authorized Stations Operated:	14	Dialysis Technician :	4					
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1					
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0					
(subset of authorized stations)		LPN:	0					
Number of Shifts Operated per day		Other Health :	0					
		Other Non-Health:	1					
<u>Dialysis Station Uti</u>	Dialysis Station Utilization for the Week of Oct 1 - 7							

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	16	17	17	17	0	17
Number of Patients Treated	34	33	30	40	33	0	37

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 72 In-Center Treatments in calendar year: 10,752 (Beginning patients) **Number of Missed Treatments:** 223

Average Daily Treatments: Patients treated as of 12/31/2013: 74

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 101

treated in calendar year: **ADDITIONS to the FACILITY**

LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	39	Recovered patients:	2	Treatment Capacity/year (based on Stations):	19,656
Transient Patients:	15	Transplant Recipients:	7	Use Rate (Treatments/Treatment capacity):	55%
Patients Re-Started:	0	Patients transferred out:	37	Use Rate (including Missed Treatments):	56%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	57%
Total:	54	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	59%
		Patients deceased:	4	Renal Network Use Rate:	60%
		Total:	52		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	63.4%	5.9%	28.7%	2.0%	0.0%	100.0%	0.0%
Patient	64	6	29	2	0	101	0
1/1/2012 to 12/31/2012	38.9%	2.9%	57.5%	0.7%	0.0%	100.0%	0.0%
Net Revenue	\$1,722,675	\$128,918	\$2,547,136	\$32,494	\$924	\$4,432,146	\$0
Patients by Age and Sex			Patients by Rac	Patients by Ethnicity			

Pat	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	17	Hispanic Latino Patients:	42	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	59	
15-44 yr	9	4	13	Black/ African American :	21	Unknown Ethnicity Patients	0	
45-64 yr	21	17	38	Hawaiian /Pacific Islande	0	TOTAL:	101	
65-74 yr	15	10	25	White:	62			
75 < yrs	9	16	25	Unknown:	0			
Total	54	47	101	TOTAL:	101			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care of Oswego Name:

1051 Station Drive Address:

Oswego City: Kendall County: HSA: 9 Medicare ID: 14-2677 **Legal Entity Operator:**

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Limited Liability Company Ownership Type: **Property Owner:** Keneipp Properties

Other Ownership:

Medical Director Name: Dr. Atif Fakhruddin **Provides Incenter Noctural Dialysis:**

Full-Time Work Week: Regsitered Nurse : Dialysis Technician : Dietician :	32 3 5 0
Dialysis Technician : Dietician :	3 5 0
Dietician :	5 0
	0
Social Worker:	0
LPN:	0
Other Health :	0
Other Non-Health:	1
	Other Health :

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	17	0	17	
Number of Patients Treated	23	23	21	28	21	0	25	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 38 In-Center Treatments in calendar year: 6,696 (Beginning patients) **Number of Missed Treatments:** 223

Average Daily Treatments: Patients treated as of 12/31/2013: 49

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 76 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
---------------------------	------------------------	---------------------------

New Patients:	24	Recovered patients:	0	Treatment Capacity/year (based on Stations):	10,296
Transient Patients:	14	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	65%
Patients Re-Started:	0	Patients transferred out:	22	Use Rate (including Missed Treatments):	67%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	58%
Total:	38	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	74%
		Patients deceased:	3	Renal Network Use Rate:	76%
		Total:	27		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	60.5%	6.6%	26.3%	3.9%	2.6%	100.0%	0.0%
Patient	46	5	20	3	2	76	0
1/1/2012 to 12/31/2012	43.7%	1.4%	52.8%	0.8%	1.3%	100.0%	0.0%
Net Revenue	\$1,065,474	\$34,616	\$1,287,419	\$19,052	\$32,684	\$2,439,244	\$0
Patients by Age	and Sex		Patients by Race	1	<u>Pat</u>	ients by Ethnicity	
AGE GROUPS MALE	FEMALE TOTA	ΔI Δsian	Patients:	6	Hispanic Latino	Patients:	a

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	6	Hispanic Latino Patients:	9
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	67
15-44 yr	3	4	7	Black/ African American :	16	Unknown Ethnicity Patients	0
45-64 yr	22	7	29	Hawaiian /Pacific Islande	1	TOTAL:	76
65-74 yr	11	10	21	White:	53		
75 < yrs	8	11	19	Unknown:	0		
Total	44	32	76	TOTAL:	76		

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Ownership, Management and General Information

Fresenius Medical Care of Plainfield Name:

2320 Michas Drive Address:

Plainfield City: Will County: HSA: 9 Medicare ID: 14-2707

Legal Entity Operator:

Fresenius Medical Care Plainfield, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** ZENITH HOLDINGS, LIMITED

Other Ownership:

Medical Director Name: Dr. Morufu Alausa **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32		
Certified Stations by CMS:	16	Regsitered Nurse :	3		
Peak Authorized Stations Operated:	16	Dialysis Technician :	7		
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0		
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
• • •		Other Nen Health	1		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	16	15	16	13	0	16	
Number of Patients Treated	32	39	33	40	29	0	43	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 75 In-Center Treatments in calendar year: 10.841 (Beginning patients) **Number of Missed Treatments:** 234

Average Daily Treatments: Patients treated as of 12/31/2013: 77

Medicaid

Average Treatment Time (min): (Ending patients) 270.0

Total Unduplicated patients 128

Medicare

treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY

Private Pay

Other Public

TOTAL

Charity Care

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY	USE RATE for the FACILITY				
New Patients:	53	Recovered patients:	4	Treatment Capacity/year (based on Stations):	14,976		
Transient Patients:	6	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	72%		
Patients Re-Started:	0	Patients transferred out:	37	Use Rate (including Missed Treatments):	74%		
Post-Transplant Patien	0	Patients voluntarily discontinued	8	Use Rate (Begining patients treated):	78%		
Total:	59	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	80%		
		Patients deceased:	2	Renal Network Use Rate:	83%		
		Total:	52				

Patients and Net Revenue by Payor Source

Private Insurance

		60.9	1%	3.9%	27.3%	4.7%	3.1%	100.0%	0.0%
Patient		ī	78	5	35	6	4	128	0
1/1/2012 to	12/31/2012	41.4	!%	1.9%	56.2%	0.4%	0.1%	100.0%	0.0%
Net Revenue	•	\$2,097,439	\$9	6,323	\$2,847,520	\$20,380	\$6,576	\$5,068,238	\$0
Patients by Age and Sex					Patients by Race	Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian P	atients:	5	Hispanic Latino	Patients:	27
<14 yrs	0	0	0	Native A	American/ Indian:	0	Non-Hispanic Latino Patien		101
15-44 yr	7	9	16	Black/ A	African American :	35	Unknown Ethni	city Patients	0
45-64 yr	29	16	45	Hawaiia	ın /Pacific Islande	2	TOTAL:		128
65-74 yr	12	20	32	White:		86			
75 < yrs	19	16	35	Unknow	vn :	0			
Total	67	61	128	TOTAL:		128			

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Ownership, Management and General Information

Fresenius Medical Care of Roseland Name:

136 West 111th Street Address:

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2690 **Legal Entity Operator:**

Fresenius Medical Care Chicagoland, LLC

2

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** Roseland Medical Center LLC

Other Non-Health:

Other Ownership:

Medical Director Name: Dr. Nimeet Brahmbhatt **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32		
Certified Stations by CMS:	12	Regsitered Nurse :	3		
Peak Authorized Stations Operated:	12	Dialysis Technician :	6		
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	17	0	17	
Number of Patients Treated	27	32	27	34	29	0	35	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 68 In-Center Treatments in calendar year: 9.582 (Beginning patients) **Number of Missed Treatments:** 428

Average Daily Treatments: Patients treated as of 12/31/2013: 65

(Ending patients) Average Treatment Time (min): 290.0

Total Unduplicated patients 113 treated in calendar year:

ADDITIONS to the FAC	CILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	36	Recovered patients:	2	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	11	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	85%
Patients Re-Started:	0	Patients transferred out:	38	Use Rate (including Missed Treatments):	89%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	94%
Total:	48	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	90%
		Patients deceased:	6	Renal Network Use Rate:	92%
		Total:	48		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	52.2%	24.8%	20.4%	2.7%	0.0%	100.0%	0.0%
Patient	59	28	23	3	0	113	0
1/1/2012 to 12/31/2012	43.2%	21.8%	34.8%	0.0%	0.3%	100.0%	0.0%
Net Revenue	\$1,276,609	\$642,872	\$1,027,577	\$0	\$8,375	\$2,955,434	\$0
Patients by Age and Sex			Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	¥

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	113
15-44 yr	17	10	27	Black/ African American :	113	Unknown Ethnicity Patients	0
45-64 yr	33	20	53	Hawaiian /Pacific Islande	0	TOTAL:	113
65-74 yr	9	9	18	White:	0		
75 < yrs	8	7	15	Unknown:	0		
Total	67	46	113	TOTAL:	113		

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Ownership, Management and General Information

Fresenius Medical Care of Sandwich Name:

1310 North Main Street Address:

Sandwich City: DeKalb County:

HSA: Medicare ID: 14-2700 **Legal Entity Operator:**

Fresenius Medical Care Sandwich, LLC

300.0

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: SANDWICH DEVELOPMENT PARTNERS, LLC

Other Ownership:

Medical Director Name: Dr. Atif Fakhruddin **Provides Incenter Noctural Dialysis:**

STATION INFORMATION			FACILITY	STAFFING	- FULL TIM	TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	9		Full-Time	e Work Wee	ek:		32		
Certified Stations by CMS:	9		Regsitered Nurse :				3		
Peak Authorized Stations Operated:	9		Dialysis	Technician	:		2		
Authorized Stations Setup and Staffed in Oct 1-7:	9		Dieticiar		1				
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				1		
(subset of authorized stations)			LPN:				0		
Number of Shifts Operated per day			Other Health :				0		
			Other No	n-Health:			1		
Dialysis Station Utilization for the Week of Oct 1 - 7									
Date of Operation Oct	1 Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7			

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	12	12	12	12	0	12	
Number of Patients Treated	13	18	12	18	12	0	18	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 27 In-Center Treatments in calendar year: 4.130 (Beginning patients) **Number of Missed Treatments:** 40

Average Daily Treatments: Patients treated as of 12/31/2013: 30 (Ending patients) Average Treatment Time (min):

Total Unduplicated patients 47 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY

Total:

USE RATE for the FACILITY New Patients: 22 Recovered patients: 1 Treatment Capacity/year (based on Stations): 8,424 7 **Transient Patients: Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 49% Patients Re-Started: 0 Patients transferred out: 17 Use Rate (including Missed Treatments): 50% **Post-Transplant Patien** Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 50% Total: 30 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 56% Patients deceased: 3 **Renal Network Use Rate:** 56%

24

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	74.5%	4.3%	17.0%	4.3%	0.0%	100.0%	0.0%
Patient	35	2	8	2	0	47	0
1/1/2012 to 12/31/2012	36.5%	2.0%	61.3%	0.2%	0.0%	100.0%	0.0%
Net Revenue	\$734,285	\$40,716	\$1,230,995	\$3,342	\$0	\$2,009,337	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	L
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	1	Hispanic Latino	Patients:	5

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	5
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	42
15-44 yr	1	2	3	Black/ African American :	2	Unknown Ethnicity Patients	0
45-64 yr	10	6	16	Hawaiian /Pacific Islande	0	TOTAL:	47
65-74 yr	7	10	17	White:	44		
75 < yrs	6	5	11	Unknown:	0		
Total	24	23	47	TOTAL:	47		

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Ownership, Management and General Information

Fresenius Medical Care of Streator Name: 2356 North Bloomington Street Address:

Streator City: LaSalle County: HSA: 2 Medicare ID: 14-2695 **Legal Entity Operator:**

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** Sandor Development Co.

Other Ownership:

Medical Director Name: Dr. David Rosborough **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TII	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	8	Full-Time Work Week:	32			
Certified Stations by CMS:	8	Regsitered Nurse :	2			
Peak Authorized Stations Operated:	Dialysis Technician :	2				
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	1			
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1			
(subset of authorized stations)		LPN:	0			
Number of Shifts Operated per day		Other Health :	0			
		Other Non-Health:	1			
<u>Dialysis Station</u>	Utilization for th	e Week of Oct 1 - 7				
Data of Operation Oct	1 Oct 2	Oot 2 Oot 4 Oot 5 Oot 6	Oct 7			

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	8	11	8	11	7	0	11
Number of Patients Treated	5	14	6	13	4	0	14

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

2,700 Patients treated as of 1/1/2013: 17 In-Center Treatments in calendar year: (Beginning patients) **Number of Missed Treatments:** 105 **Average Daily Treatments:**

Patients treated as of 12/31/2013: 20 Average Treatment Time (min): (Ending patients) 270.0

Total Unduplicated patients 31 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
ADDITIONS to the FACILITY	LUSSES to the FACILITY	USE RATE for the FACILITY

New Patients:	10	Recovered patients:	0	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	3	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	36%
Patients Re-Started:	0	Patients transferred out:	5	Use Rate (including Missed Treatments):	37%
Post-Transplant Patien	1	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	35%
Total:	14	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	42%
		Patients deceased:	4	Renal Network Use Rate:	42%
		Total:	11		

Patients and Net Revenue by Payor Source

		Medic	are	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		83.	.9%	3.2%	12.9%	0.0%	0.0%	100.0%	0.0%
Patient			26	1	4	0	0	31	0
1/1/2012 to	12/31/2012	87.	.8%	0.7%	11.5%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$802,64	17	\$6,117	\$105,041	\$0	\$0	\$913,804	\$0
Par	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Patio</u>	ents by Ethnicit	ν
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino I	Patients:	1
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	tino Patien	30
15-44 yr	1	1	2	Black	/ African American :	6	Unknown Ethnic	ity Patients	0
45-64 yr	7	6	13	Hawa	iian /Pacific Islande	0	TOTAL:		31
65-74 yr	2	4	6	White) :	25			
75 < yrs	5	5	10	Unkn	own:	0			
Total	15	16	31	TOTA	۸L:	31			

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Ownership, Management and General Information

Name: Fresenius Medical Care of Uptown
Address: 4700 North Marine Drive, Ste 200

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2692

Legal Entity Operator:

Renal Care Group Chicago Uptown, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: ZRG-CVI Lakeshore Marine Drive, LLC

Other Ownership:

Medical Director Name: Dr. Neil Soifer
Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	3
Peak Authorized Stations Operated:	12	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	17	0	17	
Number of Patients Treated	30	31	30	33	30	0	33	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 69 In-Center Treatments in calendar year: 9,299 (Beginning patients) Number of Missed Treatments: 345

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 260.0

Total Unduplicated patients 106 treated in calendar year:

20

15

15

56

18

14

8

50

38

29

23

106

ADDITIONS to the FACILITY

45-64 yr

65-74 yr

75 < yrs

Total

LOSSES to the FACILITY USE RATE for the FACILITY

TOTAL:

1

41

1

106

106

New Patients:	32	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	10	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	83%
Patients Re-Started:	0	Patients transferred out:	25	Use Rate (including Missed Treatments):	86%
Post-Transplant Patien	2	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	96%
Total:	44	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	93%
		Patients deceased:	9	Renal Network Use Rate:	93%
		Total:	41		

Patients and Net Revenue by Payor Source

		Medic	are N	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		55.	.7%	20.8%	19.8%	3.8%	0.0%	100.0%	0.0%
Patient			59	22	21	4	0	106	0
1/1/2012 to 1	2/31/2012	49.	.3%	19.3%	31.5%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$1,552,16	s6 \$60	7,277	\$991,129	\$0	\$0	\$3,150,572	\$0
Pat	ients by Ag	e and Sex			Patients by Race	2	<u>Pat</u>	ients by Ethnicit	¥
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	19	Hispanic Latino	Patients:	13
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	93
15-44 yr	10	6	16	Black	d African American :	44	Unknown Ethnic	city Patients	0

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Hawaiian /Pacific Islande

White:

TOTAL:

Unknown:

Ownership, Management and General Information

Fresenius Medical Care of West Chicago Name:

1859 North Neltnor Boulevard Address:

West Chicago City: DuPage County: HSA: Medicare ID: 14-2702

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

1

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** West Chicago Management LLC

Other Ownership:

Medical Director Name: Dr. Jeffery Kropp **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	2
Peak Authorized Stations Operated:	12	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0

Authorize Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Other Health: Number of Shifts Operated per day 0 Other Non-Health:

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	21	17	18	17	0	18
Number of Patients Treated	35	31	33	34	36	0	34

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 26 In-Center Treatments in calendar year: 7,116 (Beginning patients) **Number of Missed Treatments:** 97

Average Daily Treatments: Patients treated as of 12/31/2013: 29

(Ending patients) Average Treatment Time (min): 330.0

Total Unduplicated patients 97 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	63	Recovered patients:	3	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	7	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	63%
Patients Re-Started:	1	Patients transferred out:	56	Use Rate (including Missed Treatments):	64%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	36%
Total:	71	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	40%
		Patients deceased:	4	Renal Network Use Rate:	40%
		Total:	68		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	57.7%	9.3%	27.8%	5.2%	0.0%	100.0%	0.0%
Patient	56	9	27	5	0	97	0
1/1/2012 to 12/31/2012 Net Revenue	<i>56.6%</i> \$873,934	<i>6.4%</i> \$99,141	36.8% \$567,797	<i>0.1%</i> \$1,843	<i>0.0%</i> \$0	100.0% \$1,542,715	<i>0.0%</i> \$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	19	Hispanic Latino Patients:	16
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	81
15-44 yr	7	5	12	Black/ African American :	7	Unknown Ethnicity Patients	0
45-64 yr	33	10	43	Hawaiian /Pacific Islande	0	TOTAL:	97
65-74 yr	6	8	14	White:	71		
75 < yrs	21	7	28	Unknown:	0		
Total	67	30	97	TOTAL:	97		

Between April 2013 and October 2013 this facility treated additional patients who were displaced by the temporarily closed Fresenius Glendale Heights Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Orland Park

Address: 9160 W. 159th St.

City: Orland Park
County: Cook

HSA: 7 **Medicare ID:** 14-2550

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

2

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: PARK HILL PLAZA, LLC

Other Non-Health:

Other Ownership:

Medical Director Name: Dr. Michael Peck
Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	18	Full-Time Work Week:	32	
Certified Stations by CMS:	18	Regsitered Nurse :	6	
Peak Authorized Stations Operated:	18	Dialysis Technician :	10	
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17.5	17.5	17.5	17.5	17.5	0	17.5	
Number of Patients Treated	40	36	40	39	38	0	39	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 75 In-Center Treatments in calendar year: 11,696 (Beginning patients) Number of Missed Treatments: 67

Patients treated as of 12/31/2013: 80 Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 107 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: 33 Recovered patients: 0 Treatment Capacity/year (based on Stations): 16,848 **Transient Patients:** 2 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 69% Patients Re-Started: 0 Patients transferred out: 12 Use Rate (including Missed Treatments): 70% **Post-Transplant Patien** 0 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 69% Total: 35 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 74% Patients deceased: **Renal Network Use Rate:** 7 79%

Total: 26

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	66.4%	1.9%	29.9%	1.9%	0.0%	100.0%	0.0%
Patient	71	2	32	2	0	107	0
1/1/2012 to 12/31/2012	65.6%	8.2%	26.1%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$102,395	\$12,785	\$40,796	\$55	\$0	\$156,031	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pati</u>	ents by Ethnicit	¥
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	4	Hispanic Latino	Patients:	2

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	2	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	105	
15-44 yr	7	3	10	Black/ African American :	7	Unknown Ethnicity Patients	0	
45-64 yr	19	16	35	Hawaiian /Pacific Islande	1	TOTAL:	107	
65-74 yr	12	12	24	White:	95			
75 < yrs	21	17	38	Unknown:	0			
Total	59	48	107	TOTAL:	107			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Ottawa
Address: 1601 Mercury Circle Drive, Ste 3

City: Ottawa
County: LaSalle
HSA: 2
Medicare ID: 14-2576

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

300.0

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Ottawa Regional

Other Ownership:

Medical Director Name: Dr. Alexander Alonso Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>on</u>			FACILITY	STAFFING	- FULL TIM	E EQUIVALI	<u>ENT</u>	
Authorized Stations as of 12/31/2013:		12		Full-Time Work Week:				32	
Certified Stations by CMS:		12		Regsiter	ed Nurse :			2	
Peak Authorized Stations Operated:		12	12 Dialysis Technician :					4	
Authorized Stations Setup and Staffed in Oc	t 1-7:	12 Dietician :					0		
Isolation Stations Set up in Oct 1-7:	ns Set up in Oct 1-7: 1 Social Worker:						0		
(subset of authorized stations)				LPN:				0	
Number of Shifts Operated per day				Other He	ealth:			0	
				Other No	on-Health:			1	
<u>Dialys</u>	is Station Utili	zation for th	ne Week of	Oct 1 - 7					
Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7		
Hours operated	11	13	10	13	10	0	13		
Number of Patients Treated	12	22	10	22	9	0	21		

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2013:

35

In-Center Treatments in calendar year:

5,115

(Beginning patients)

Number of Missed Treatments:

Patients treated as of 12/31/2013:

Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

Average Treatment Time (min):

Total Unduplicated patients 68 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: 18 Recovered patients: 0 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 10 **Transplant Recipients:** 5 Use Rate (Treatments/Treatment capacity): 46% Patients Re-Started: 1 Patients transferred out: 20 Use Rate (including Missed Treatments): 46% **Post-Transplant Patien** 1 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 49% Total: 30 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 42% Patients deceased: **Renal Network Use Rate:** 44% 9 Total: 38

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	82.4%	0.0%	8.8%	4.4%	4.4%	100.0%	0.0%
Patient	56	0	6	3	3	68	0
1/1/2012 to 12/31/2012	74.5%	1.0%	23.4%	0.4%	0.6%	100.0%	0.0%
Net Revenue	\$1,085,042	\$14,987	\$341,038	\$6,423	\$8,541	\$1,456,031	\$0
Patients by Age	and Sex		Patients by Rac	e	Pat	ients by Ethnicit	v

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	67	
15-44 yr	4	2	6	Black/ African American :	4	Unknown Ethnicity Patients	0	
45-64 yr	14	7	21	Hawaiian /Pacific Islande	0	TOTAL:	68	
65-74 yr	6	4	10	White:	64			
75 < yrs	17	14	31	Unknown :	0			
Total	41	27	68	TOTAL:	68			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Palatine Name:

605 E. Dundee Road Address:

Palatine City: Cook County: HSA: Medicare ID: 14-2723 **Legal Entity Operator:**

Fresenius Medical Care Palatine, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: RAMCO-GERSHENSON PROPERTIES, LP

Other Ownership:

Dr. Manish Tanna **Medical Director Name: Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT						
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32					
Certified Stations by CMS:	12	Regsitered Nurse :	5					
Peak Authorized Stations Operated:	12	Dialysis Technician :	5					
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1					
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1					
(subset of authorized stations)		LPN:	0					
Number of Shifts Operated per day		Other Health :	0					
		Other Non-Health:	2					
Dialysis Station Utilization for the Week of Oct 1 - 7								

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	17	12	17	12	0	17	
Number of Patients Treated	17	30	15	32	17	0	30	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 42 In-Center Treatments in calendar year: 6,614 (Beginning patients) **Number of Missed Treatments:** 47

Average Daily Treatments: Patients treated as of 12/31/2013: 47

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 74 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
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ABBITIONS to the 17to	<u></u>			<u>002 11/112 10: 1:10 1 /10:2:1 1 </u>	
New Patients:	35	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	2	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	59%
Patients Re-Started:	1	Patients transferred out:	20	Use Rate (including Missed Treatments):	59%
Post-Transplant Patien	1	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	58%
Total:	39	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	65%
		Patients deceased:	2	Renal Network Use Rate:	67%
		Total:	30		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	67.6%	1.4%	27.0%	4.1%	0.0%	100.0%	0.0%
Patient	50	1	20	3	0	74	0
1/1/2012 to 12/31/2012	36.6%	2.2%	60.9%	0.3%	0.0%	100.0%	0.0%
Net Revenue	\$873,231	\$52,282	\$1,451,027	\$6,304	\$623	\$2,383,467	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	Υ

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	8	Hispanic Latino Patients:	9	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	65	
15-44 yr	4	2	6	Black/ African American :	7	Unknown Ethnicity Patients	0	
45-64 yr	12	7	19	Hawaiian /Pacific Islande	0	TOTAL:	74	
65-74 yr	19	9	28	White:	59			
75 < yrs	14	7	21	Unknown:	0			
Total	49	25	74	TOTAL:	74			

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Ownership, Management and General Information

Name: Fresenius Medical Care Pekin

Address: 600 S. 13th Street

14-2571

City: Pekin
County: Tazewell
HSA: 2

Medicare ID:

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Pekin Hospital

Other Ownership:

Medical Director Name: Dr. Tim Pflederer Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	9	Full-Time Work Week:	32	
Certified Stations by CMS:	9	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	9	Dialysis Technician :	6	
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	

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<u>Dialysis Station Utilization for the Week of Oct 1 - 7</u>

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	16	14	16	13	0	16	
Number of Patients Treated	13	22	12	24	12	0	23	

Facility Utilization Information

Number of Shifts Operated per day

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 43 In-Center Treatments in calendar year: 5,788 (Beginning patients) Number of Missed Treatments: 207

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 300.0

Total Unduplicated patients 75 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	14	Recovered patients:	1	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	16	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	69%
Patients Re-Started:	0	Patients transferred out:	32	Use Rate (including Missed Treatments):	71%
Post-Transplant Patien	2	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	80%
Total:	32	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	72%
		Patients deceased:	5	Renal Network Use Rate:	72%
		Total:	40		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	58.7%	5.3%	29.3%	2.7%	4.0%	100.0%	0.0%
Patient	44	4	22	2	3	75	0
1/1/2012 to 12/31/2012	41.7%	2.8%	50.3%	0.0%	5.3%	100.0%	0.0%
Net Revenue	\$1,080,619	\$72,625	\$1,304,660	\$0	\$136,316	\$2,594,220	\$0
		ı		1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	75
15-44 yr	3	3	6	Black/ African American :	5	Unknown Ethnicity Patients	0
45-64 yr	16	9	25	Hawaiian /Pacific Islande	0	TOTAL:	75
65-74 yr	8	12	20	White:	70		
75 < yrs	11	13	24	Unknown :	0		
Total	38	37	75	TOTAL:	75		

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Ownership, Management and General Information

Fresenius Medical Care Peoria Downtown Name:

410 W Romeo B. Garrett Ave. Address:

Peoria City: Peoria County: HSA. 2

Medicare ID: 14-2574 **Legal Entity Operator:**

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation PNLC. LLC

Property Owner: Other Ownership:

Medical Director Name: Dr. Tim Pflederer **Provides Incenter Noctural Dialysis:**

<u>STATION INFORMATION</u> <u>FACILITY STAFFING - FU</u>
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Authorized Stations as of 12/31/2013: 32 **Full-Time Work Week:** 32 **Certified Stations by CMS:** 32 Regsitered Nurse: 5 **Peak Authorized Stations Operated:** 32 Dialysis Technician: 19 Authorized Stations Setup and Staffed in Oct 1-7: 32 Dietician: 1 Isolation Stations Set up in Oct 1-7: 1 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health . 0 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	16	12	16	12	0	16	
Number of Patients Treated	48	65	46	64	55	0	66	

Facility Utilization Information

Facility Reported Treatment Information Facility Reported Patient Information

Patients treated as of 1/1/2013: 128 In-Center Treatments in calendar year: 18.790 (Beginning patients) **Number of Missed Treatments:** 1,287

Average Daily Treatments: Patients treated as of 12/31/2013: 130

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 196 treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: 45 Recovered patients: 4 Treatment Capacity/year (based on Stations): 29,952 **Transient Patients:** 18 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 63% Patients Re-Started: 2 Patients transferred out: 38 Use Rate (including Missed Treatments): 67% **Post-Transplant Patien** 3 Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 67% Total: 68 Patients lost to follow up: 1 Use Rate (Year end Patients/Stations*6): 68% Patients deceased: **Renal Network Use Rate:** 19 67% Total: 66

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	67.3%	10.7%	17.3%	3.6%	1.0%	100.0%	0.0%
Patient	132	21	34	7	2	196	0
1/1/2012 to 12/31/2012	59.0%	3.8%	36.2%	0.2%	0.8%	100.0%	0.0%
Net Revenue	\$3,494,505	\$222,461	\$2,143,957	\$9,785	\$48,553	\$5,919,261	\$0

Patients by Age and Sex			Patients by Race	Patients by Race Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	3	Hispanic Latino Patients:	8
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	188
15-44 yr	20	12	32	Black/ African American :	119	Unknown Ethnicity Patients	0
45-64 yr	43	32	75	Hawaiian /Pacific Islande	0	TOTAL:	196
65-74 yr	27	21	48	White:	73		
75 < yrs	19	22	41	Unknown:	0		
Total	109	87	196	TOTAL:	196		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Peoria North

Address: 10405 N. Juliet Court

City: Peoria
County: Peoria
HSA: 2
Medicare ID: 14-2613

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation Property Owner: JPS PEORIA, LLC

Other Ownership:

Medical Director Name: Dr. Ben Pflederer Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
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Authorized Stations as of 12/31/2013:	19	Full-Time Work Week:	32
Certified Stations by CMS:	19	Regsitered Nurse :	4
Peak Authorized Stations Operated:	19	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	19	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	16	12	16	12	0	16	
Number of Patients Treated	29	36	28	33	27	0	34	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 65 In-Center Treatments in calendar year: 9,883 (Beginning patients) Number of Missed Treatments: 342

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 106 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: 26 Recovered patients: 4 Treatment Capacity/year (based on Stations): 17,784 **Transient Patients:** 9 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 56% Patients Re-Started: 3 Patients transferred out: 20 Use Rate (including Missed Treatments): 57% **Post-Transplant Patien** 3 Patients voluntarily discontinued 5 Use Rate (Begining patients treated): 57% Total: 41 Patients lost to follow up: 1 Use Rate (Year end Patients/Stations*6): 59% Patients deceased: 8 **Renal Network Use Rate:** 60% Total: 39

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	71.7%	3.8%	22.6%	0.9%	0.9%	100.0%	0.0%
Patient	76	4	24	1	1	106	0
1/1/2012 to 12/31/2012	35.2%	1.1%	62.7%	0.3%	0.7%	100.0%	0.0%
Net Revenue	\$2,448,404	\$76,934	\$4,366,547	\$18,153	\$49,509	\$6,959,548	\$0
		ı			_		

Pat	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	0	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	106	
15-44 yr	4	2	6	Black/ African American :	22	Unknown Ethnicity Patients	0	
45-64 yr	29	13	42	Hawaiian /Pacific Islande	0	TOTAL:	106	
65-74 yr	14	10	24	White:	83			
75 < yrs	16	18	34	Unknown:	0			
Total	63	43	106	TOTAL:	106			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care Polk

Address: 557 West Polk

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2502

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: 571 West Polk, LLC

Other Ownership:

Medical Director Name: Dr. Eduardo Cremer Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	32		
Certified Stations by CMS:	24	Regsitered Nurse :	3		
Peak Authorized Stations Operated:	24	Dialysis Technician :	9		
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	4	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	3		

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	16	12	16	12	0	16	
Number of Patients Treated	31	52	30	52	31	0	47	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 82 In-Center Treatments in calendar year: 12,644 (Beginning patients) Number of Missed Treatments: 144

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 122

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	23	Recovered patients:	2	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	13	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	56%
Patients Re-Started:	0	Patients transferred out:	28	Use Rate (including Missed Treatments):	57%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	57%
Total:	36	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	56%
		Patients deceased:	12	Renal Network Use Rate:	56%
		Total:	45		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	49.2%	17.2%	28.7%	4.9%	0.0%	100.0%	0.0%
Patient	60	21	35	6	0	122	0
1/1/2012 to 12/31/2012	39.8%	12.0%	47.7%	0.5%	0.0%	100.0%	0.0%
Net Revenue	\$2,369,741	\$715,924	\$2,841,091	\$29,178	\$0	\$5,955,934	\$0
Patients by Age	and Sex		Patients by Rac	e	Pat	ients by Ethnicit	v

Patients by Age and Sex			Patients by Race Patients by Ethnici				
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	35
<14 yrs	0	0	0	Native American/ Indian:	8	Non-Hispanic Latino Patien	82
15-44 yr	10	12	22	Black/ African American :	62	Unknown Ethnicity Patients	5
45-64 yr	43	15	58	Hawaiian /Pacific Islande	35	TOTAL:	122
65-74 yr	10	17	27	White:	10		
75 < yrs	7	8	15	Unknown:	5		
Total	70	52	122	TOTAL:	122		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

STATION INFORMATION

Ownership, Management and General Information

Fresenius Medical Care Pontiac Name:

804 West Madison Street Address:

Pontiac City: Livingston County:

HSA. 4

Medicare ID: 14-2611 **Legal Entity Operator:**

Dialysis Centers of America - Illinois, Inc.

FACILITY STAFFING FULL TIME FOLIVALENT

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: FTB. LLC

Other Ownership:

Medical Director Name: Dr. Robert Bruha **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	9	Full-Time Work Week:	32	
Contified Stations by CMS.	0	Densitered Nurse	2	

Certified Stations by CMS: Reasitered Nurse: **Peak Authorized Stations Operated:** 9 Dialysis Technician: 4 Authorized Stations Setup and Staffed in Oct 1-7: 9 Dietician: 0 Isolation Stations Set up in Oct 1-7: 2 Social Worker: 0 (subset of authorized stations) LPN: 0

Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	12	0	12
Number of Patients Treated	16	13	15	18	15	0	16

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 26 In-Center Treatments in calendar year: 4.380 (Beginning patients) **Number of Missed Treatments:** 237 **Average Daily Treatments:**

Patients treated as of 12/31/2013: 31 Average Treatment Time (min): (Ending patients) 270.0

Total Unduplicated patients 59 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients:	20	Recovered patients:	2	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	12	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	52%
Patients Re-Started:	0	Patients transferred out:	18	Use Rate (including Missed Treatments):	55%
Post-Transplant Patien	1	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	48%
Total:	33	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	57%
		Patients deceased:	3	Renal Network Use Rate:	59%
		Total:	28		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	72.9%	3.4%	16.9%	3.4%	3.4%	100.0%	0.0%
Patient	43	2	10	2	2	59	0
1/1/2012 to 12/31/2012	46.8%	2.3%	50.5%	0.3%	0.0%	100.0%	0.0%
Net Revenue	\$814,111	\$40,674	\$878,197	\$5,654	\$0	\$1,738,636	\$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	56
15-44 yr	3	1	4	Black/ African American :	2	Unknown Ethnicity Patients	0
45-64 yr	12	8	20	Hawaiian /Pacific Islande	0	TOTAL:	59
65-74 yr	8	12	20	White:	57		
75 < yrs	11	4	15	Unknown:	0		
Total	34	25	59	TOTAL:	59		

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Ownership, Management and General Information

Name: Fresenius Medical Care Prairie

Address: 1717 South Wabash Avenue
City: Chicago
County: Cook

County: Cook
HSA: 6
Medicare ID: 14-2569

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Loop Auto Parks, Inc.

Other Ownership:

Medical Director Name: Dr. Sheldon Hirsch Provides Incenter Noctural Dialysis:

STATION INFORMATION			
24	Full-Time Work Week:	32	
24	Regsitered Nurse :	5	
24	Dialysis Technician :	13	
24	Dietician :	1	
1	Social Worker:	1	
	LPN:	0	
	Other Health :	0	
	Other Non-Health:	2	
	24 24	24 Regsitered Nurse: 24 Dialysis Technician: 24 Dietician: 1 Social Worker: LPN: Other Health:	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	17	13	17	13	0	17	
Number of Patients Treated	41	57	43	60	41	0	60	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 111 In-Center Treatments in calendar year: 16,051 (Beginning patients) Number of Missed Treatments: 320

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 143

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	26	Recovered patients:	2	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	19	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	71%
Patients Re-Started:	0	Patients transferred out:	39	Use Rate (including Missed Treatments):	73%
Post-Transplant Patien	2	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	77%
Total:	47	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	72%
		Patients deceased:	8	Renal Network Use Rate:	74%
		Total:	52		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	58.7%	9.8%	28.7%	2.1%	0.7%	100.0%	0.0%
Patient	84	14	41	3	1	143	0
1/1/2012 to 12/31/2012	47.4%	7.8%	44.1%	0.5%	0.3%	100.0%	0.0%
Net Revenue	\$2,682,345	\$439,886	\$2,499,898	\$26,751	\$15,755	\$5,664,635	\$0
Patients by Age	and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS MALE	FEMALE TOT	ΓΔI Asian	Patients:	6	Hispanic Latino	Patients:	6

Pat	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	6	Hispanic Latino Patients:	6	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	137	
15-44 yr	14	5	19	Black/ African American :	129	Unknown Ethnicity Patients	0	
45-64 yr	33	20	53	Hawaiian /Pacific Islande	0	TOTAL:	143	
65-74 yr	17	14	31	White:	8			
75 < yrs	19	21	40	Unknown:	0			
Total	83	60	143	TOTAL:	143			

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Ownership, Management and General Information

Fresenius Medical Care Randolph County Name:

Address: 102 Memorial Drive

14-2589

Chester City: Randolph County: HSA: 5

Medicare ID:

Legal Entity Operator:

Bio-Medical Applications of Illinois, Inc.

265.0

TOTAL Charity Care

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Chester Memorial Hospital

Other Ownership:

Medical Director Name: Dr. Muhammad Kamran

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	8	Full-Time Work Week:	32	
Certified Stations by CMS:	8	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	8	Dialysis Technician :	2	
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	1	
		Other Non-Health:	1	
Dialysis Station Util	lization for the We	eek of Oct 1 - 7		

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	10	10	10	10	10	0	10	
Number of Patients Treated	9	12	9	14	9	0	16	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 31 In-Center Treatments in calendar year: 3,692 (Beginning patients) **Number of Missed Treatments:** 184

Average Daily Treatments: Patients treated as of 12/31/2013: 23 (Ending patients) Average Treatment Time (min):

Total Unduplicated patients 42 treated in calendar year:

9

30

75 < yrs

Total

Medicare

4

12

13

42

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
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Medicaid

ADDITIONO TO THE LAG	<u> </u>			OOL NATE TO THE TAGILITY	
New Patients:	9	Recovered patients:	0	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	2	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	49%
Patients Re-Started:	0	Patients transferred out:	7	Use Rate (including Missed Treatments):	52%
Post-Transplant Patien	0	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	65%
Total:	11	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	48%
		Patients deceased:	7	Renal Network Use Rate:	48%
		Total:	19		

Patients and Net Revenue by Payor Source

Private Pav

0

42

Other Public

Private Insurance

		mound	,u. 0	u.u.u	i iivato iiicaraneo	ato . ay	Othion i dibino		Charley Caro
		73	2.8%	7.1%	14.3%	2.4%	2.4%	100.0%	0.0%
Patient			31	3	6	1	1	42	0
1/1/2012 to	12/31/2012	74	.8%	3.4%	14.1%	1.3%	6.3%	100.0%	0.0%
Net Revenue		\$769,10	08 \$	35,362	\$145,261	\$13,164	\$65,277	\$1,028,172	\$0
Pat	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicity	<u></u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	2
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	40
15-44 yr	5	0	5	Black	/ African American :	5	Unknown Ethni	city Patients	0
45-64 yr	8	5	13	Hawa	iian /Pacific Islande	0	TOTAL:		42
65-74 yr	8	3	11	White) :	37			

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Unknown:

TOTAL:

Ownership, Management and General Information

Name: Fresenius Medical Care Regency Park

Address: 124 Regency Park Drive, Suite 1

City: O'Fallon
County: St. Clair
HSA: 11
Medicare ID: 14-2558

Legal Entity Operator:

RAI Care Centers of Illinois I, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: SAVVI INVESTMENT INC

Other Ownership:

Medical Director Name: Dr. Matthew Koch Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME 	<u>EQUIVALENT</u>	
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	32
Certified Stations by CMS:	20	Regsitered Nurse :	7
Peak Authorized Stations Operated:	20	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	2
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	15	14	15	14	0	15	
Number of Patients Treated	42	46	44	46	44	0	47	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 94 In-Center Treatments in calendar year: 13,636 (Beginning patients) Number of Missed Treatments: 826

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 156

treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY

/ ID DITTO TO THE TARE	<u> </u>			002 11/112 10: 1110 1710 12:11 1	
New Patients:	57	Recovered patients:	2	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	19	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	73%
Patients Re-Started:	2	Patients transferred out:	43	Use Rate (including Missed Treatments):	77%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	78%
Total:	78	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	90%
		Patients deceased:	14	Renal Network Use Rate:	91%
		Total:	50		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	64.1%	8.3%	23.1%	1.3%	3.2%	100.0%	0.0%
Patient	100	13	36	2	5	156	0
1/1/2012 to 12/31/2012	25.2%	2.1%	64.2%	0.3%	8.1%	100.0%	0.0%
Net Revenue	\$1,065,475	\$89,783	\$2,712,504	\$10,850	\$343,779	\$4,222,391	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	Pat	tients by Ethnicit	<u> </u>

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients: 0		Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	156
15-44 yr	10	8	18	Black/ African American :	96	Unknown Ethnicity Patients	0
45-64 yr	34	35	69	Hawaiian /Pacific Islande	0	TOTAL:	156
65-74 yr	17	18	35	White:	60		
75 < yrs	21	13	34	Unknown:	0		
Total	82	74	156	TOTAL:	156		

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Ownership, Management and General Information

Fresenius Medical Care River Forest Name:

103 Forest Avenue Address:

River Forest City: Cook County: HSA: Medicare ID: 14-2735

Legal Entity Operator:

Fresenius Medical Care River Forest, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** Willem Q. Olsthoorn

Other Ownership:

Medical Director Name: Dr. George Naratadam **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	32	
Certified Stations by CMS:	20	Regsitered Nurse :	7	
Peak Authorized Stations Operated:	20	Dialysis Technician :	7	
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	2	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	18	18	18	18	0	18
Number of Patients Treated	36	46	36	47	34	0	52

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 76 In-Center Treatments in calendar year: 12.453 (Beginning patients) **Number of Missed Treatments:** 403

Average Daily Treatments: Patients treated as of 12/31/2013:

93 (Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 131

treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients:	54	Recovered patients:	4	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	10	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	67%
Patients Re-Started:	0	Patients transferred out:	27	Use Rate (including Missed Treatments):	69%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	63%
Total:	64	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	78%
		Patients deceased:	11	Renal Network Use Rate:	79%
		Total:	43		

Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		71.	8%	6.1%	19.1%	1.5%	1.5%	100.0%	0.0%
Patient			94	8	25	2	2	131	0
1/1/2012 to	12/31/2012	46.	5%	3.1%	50.1%	0.4%	0.0%	100.0%	0.0%
Net Revenue		\$172,86	57 \$1	1,343	\$186,245	\$1,390	\$0	\$371,845	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pati</u>	ents by Ethnicity	<u>Y</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	2	Hispanic Latino	Patients:	11
<14 yrs	0	0	0	Nativ	Native American/ Indian:		Non-Hispanic Latino Patien		120
15-44 yr	12	5	17	Black	/ African American :	93	Unknown Ethnic	ity Patients	0

I dilettis by Age and Ock					r atients by Nace		i dients by Etimotty	
	AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	11
	<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	120
	15-44 yr	12	5	17	Black/ African American :	93	Unknown Ethnicity Patients	0
	45-64 yr	26	39	65	Hawaiian /Pacific Islande	0	TOTAL:	131
	65-74 yr	10	14	24	White:	36		
	75 < yrs	14	11	25	Unknown:	0		
	Total	62	69	131	TOTAL:	131		

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Ownership, Management and General Information

Fresenius Medical Care Rogers Park Name:

Address: 2277 W. Howard St.

City: Chicago Cook County: HSA. 6 Medicare ID: 14-2522 **Legal Entity Operator:**

Dialysis Centers of America - Illinois, Inc.

2

Legal Entity Owner:

For Profit Corporation Ownership Type: **Property Owner:** ONE TWENTY LEWIS, LLC

Other Non-Health:

Other Ownership:

Medical Director Name: Dr. Arnold Berns **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	32	
Certified Stations by CMS:	20	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	20	Dialysis Technician :	9	
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	16	12	16	12	0	16
Number of Patients Treated	32	40	34	43	37	0	45

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 83 In-Center Treatments in calendar year: 12.408 (Beginning patients) **Number of Missed Treatments:** 168

Average Daily Treatments: Patients treated as of 12/31/2013:

81 (Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 126 treated in calendar year:

73

Total

LOSSES to the FACILITY ADDITIONS to the FACILITY

Medicare

53

126

USE RATE for the FACILITY New Patients: 32 Recovered patients: 2 Treatment Capacity/year (based on Stations): 18,720 **Transient Patients:** 10 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 66% Patients Re-Started: 0 Patients transferred out: 32 Use Rate (including Missed Treatments): 67% **Post-Transplant Patien** 1 Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 69% Total: 43 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 68% Patients deceased: **Renal Network Use Rate:** 7 68%

> Total: 45

> > Medicaid

Patients and Net Revenue by Payor Source

Private Pay

126

Other Public

TOTAL

Charity Care

Private Insurance

		57.9	9%	15.9%	14.3%	9.5%	2.4%	100.0%	0.0%
Patient			73	20	18	12	3	126	0
1/1/2012 to 1	12/31/2012	53.9	9%	13.9%	29.6%	1.2%	1.4%	100.0%	0.0%
Net Revenue		\$2,146,990	0 \$55	2,381	\$1,177,442	\$47,694	\$57,234	\$3,981,741	\$0
Pat	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian P	atients:	23	Hispanic Latino	Patients:	19
<14 yrs	0	0	0	Native A	American/ Indian:	0	Non-Hispanic L	atino Patien	107
15-44 yr	13	9	22	Black/ A	African American :	49	Unknown Ethni	city Patients	0
45-64 yr	32	24	56	Hawaiia	ın /Pacific Islande	0	TOTAL:		126
65-74 yr	17	12	29	White:		54			
75 < yrs	11	8	19	Unknov	vn :	0			

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TOTAL:

Ownership, Management and General Information

Fresenius Medical Care Rolling Meadows Name:

4180 Winnetka Avenue Address:

Rolling Meadows City:

Cook County: HSA: 7 Medicare ID: 14-2525 **Legal Entity Operator:**

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Great Oak, LLC

Other Ownership:

Medical Director Name: Dr. Azza Suleiman **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2013:	24	Full-Time Work Week:	32		
Certified Stations by CMS:	24	Regsitered Nurse :	6		
Peak Authorized Stations Operated:	24	Dialysis Technician :	10		
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	2		
<u>Dialysis Station U</u>	tilization for the W	eek of Oct 1 - 7			

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	18	18	18	18	0	18
Number of Patients Treated	47	49	41	52	45	0	51

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 113 In-Center Treatments in calendar year: 15.634 (Beginning patients) **Number of Missed Treatments:** 711

Average Daily Treatments: Patients treated as of 12/31/2013: 110 (Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 156

treated in calendar year:

33

92

75 < yrs

Total

26

64

59

156

LOSSES to the FACILITY USE RATE for the FACILITY

0

156

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	36	Recovered patients:	4	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	13	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	70%
Patients Re-Started:	2	Patients transferred out:	30	Use Rate (including Missed Treatments):	73%
Post-Transplant Patien	0	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	78%
Total:	51	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	76%
		Patients deceased:	11	Renal Network Use Rate:	77%
		Total:	54		

Patients and Net Revenue by Payor Source

		Medic	are M	ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		69	.2%	12.2%	17.3%	1.3%	0.0%	100.0%	0.0%
Patient			108	19	27	2	0	156	0
1/1/2012 to 1	2/31/2012	55	.0%	7.4%	37.3%	0.3%	0.0%	100.0%	0.0%
Net Revenue		\$2,770,42	27 \$3	70,902	\$1,881,501	\$15,035	\$0	\$5,037,865	\$0
Pat	ients by Ag	e and Sex			Patients by Race	1	<u>Pat</u>	ients by Ethnicity	Ĺ
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	11	Hispanic Latino	Patients:	27
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	129
15-44 yr	12	9	21	Black	/ African American :	15	Unknown Ethnic	city Patients	0
45-64 yr	27	19	46	Hawa	iian /Pacific Islande	0	TOTAL:		156
65-74 yr	20	10	30	White		130			

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Unknown:

TOTAL:

Ownership, Management and General Information

Fresenius Medical Care Ross Dialysis - Englewood Name:

Address: 6333 South Green Street

Chicago City: Cook County: HSA: 6 **Medicare ID:** 14-2670

Ross Dialysis Englewood, LLC **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** AIN Investments, LLC

Other Ownership:

Medical Director Name: Dr. April Kennedy **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32	
Certified Stations by CMS:	16	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	16	Dialysis Technician :	8	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	17	0	17	
Number of Patients Treated	37	39	37	40	36	0	38	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 88 In-Center Treatments in calendar year: 12,617 (Beginning patients) **Number of Missed Treatments:** 811

Average Daily Treatments: Patients treated as of 12/31/2013: 86

Medicaid

(Ending patients) Average Treatment Time (min): 275.0

Total Unduplicated patients 124

Medicare

46

124

treated in calendar year:

78

ADDITIONS to the FACILITY

Total

LOSSES to the FACILITY **USE RATE for the FACILITY**

Private Pay

124

Other Public

TOTAL

Charity Care

ABBITIONS to the Trie	<u>,, </u>			<u> </u>	
New Patients:	30	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	4	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	84%
Patients Re-Started:	1	Patients transferred out:	22	Use Rate (including Missed Treatments):	90%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	92%
Total:	36	Patients lost to follow up:	3	Use Rate (Year end Patients/Stations*6):	90%
		Patients deceased:	9	Renal Network Use Rate:	96%
		Total	35		

Patients and Net Revenue by Payor Source

Private Insurance

		64.5	%	21.0%	10.5%	3.2%	0.8%	100.0%	0.0%
Patient		8	30	26	13	4	1	124	0
1/1/2012 to	12/31/2012	65.6	%	16.1%	17.7%	0.4%	0.3%	100.0%	0.0%
Net Revenue		\$2,398,207	\$58	88,387	\$647,560	\$14,041	\$9,847	\$3,658,044	\$0
Par	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	0	Hispanic Latino	Patients:	2
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic L	atino Patien	121
15-44 yr	14	8	22	Black/ A	frican American :	121	Unknown Ethni	city Patients	1
45-64 yr	44	21	65	Hawaiia	n /Pacific Islande	0	TOTAL:		124
65-74 yr	16	9	25	White:		3			
75 < yrs	4	8	12	Unknow	n :	0			

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TOTAL:

Ownership, Management and General Information

Fresenius Medical Care Round Lake Name:

Address: 401 Nippersink Avenue

Round Lake City: Lake County: HSA: 8 Medicare ID: 14-2616

Legal Entity Operator:

National Medical Care, Inc.

330.0

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** ROCKFORD 550, LLC

Other Ownership:

Medical Director Name: Dr. Nino Alapishvili **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32	
Certified Stations by CMS:	16	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	16	Dialysis Technician :	8	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0	

Authorized Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	23.99	16	23.99	16	0	23.99	
Number of Patients Treated	45	49	45	49	45	0	49	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 79 In-Center Treatments in calendar year: 12.107 (Beginning patients) **Number of Missed Treatments:** 384

Average Daily Treatments: Patients treated as of 12/31/2013: 83

(Ending patients) Average Treatment Time (min):

Total Unduplicated patients 132 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients:	39	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	13	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	81%
Patients Re-Started:	1	Patients transferred out:	35	Use Rate (including Missed Treatments):	83%
Post-Transplant Patien	0	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	82%
Total:	53	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	86%
		Patients deceased:	11	Renal Network Use Rate:	85%
		Total:	53		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	70.5%	10.6%	12.1%	3.8%	3.0%	100.0%	0.0%
Patient	93	14	16	5	4	132	0
1/1/2012 to 12/31/2012	65.7%	8.2%	20.9%	0.6%	4.6%	100.0%	0.0%
Net Revenue	\$2,195,679	\$274,493	\$699,670	\$19,501	\$154,250	\$3,343,593	\$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	12	Hispanic Latino Patients:	38
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	94
15-44 yr	9	8	17	Black/ African American :	11	Unknown Ethnicity Patients	0
45-64 yr	30	21	51	Hawaiian /Pacific Islande	0	TOTAL:	132
65-74 yr	19	15	34	White:	109		
75 < yrs	12	18	30	Unknown:	0		
Total	70	62	132	TOTAL:	132		

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Ownership, Management and General Information

Name: Fresenius Medical Care Saline County

Address: 275 Small Street, Ste 200

City: Harrisburg
County: Saline
HSA: 5
Medicare ID: 14-2573

Legal Entity Operator:

Bio-Medical Applications of Illinois, Inc.

2

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Lewis Lane, LLC

Other Ownership:

Medical Director Name: Dr. Randy Cowart Provides Incenter Noctural Dialysis:

Other Non-Health:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32	
Certified Stations by CMS:	16	Regsitered Nurse :	5	
Peak Authorized Stations Operated:	16	Dialysis Technician :	3	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	11	11	11	11	11	0	11	
Number of Patients Treated	15	24	15	24	16	0	26	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 47 In-Center Treatments in calendar year: 6,396 (Beginning patients) Number of Missed Treatments: 411
Patients treated as of 12/31/2013: 42 Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

Average Treatment Time (min):

300.0

Total Unduplicated patients 85 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	23	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	12	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	43%
Patients Re-Started:	2	Patients transferred out:	17	Use Rate (including Missed Treatments):	45%
Post-Transplant Patien	1	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	49%
Total:	38	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	44%
		Patients deceased:	23	Renal Network Use Rate:	44%
		Total:	45		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	76.5%	9.4%	5.9%	2.4%	5.9%	100.0%	0.0%
Patient	65	8	5	2	5	85	0
1/1/2012 to 12/31/2012	80.6%	1.3%	3.4%	0.5%	14.2%	100.0%	0.0%
Net Revenue	\$2,446,942	\$38,559	\$102,016	\$16,404	\$431,914	\$3,035,835	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	¥
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	0	Hispanic Latino	Patients:	1
		1					

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	84
15-44 yr	6	3	9	Black/ African American :	6	Unknown Ethnicity Patients	0
45-64 yr	16	9	25	Hawaiian /Pacific Islande	0	TOTAL:	85
65-74 yr	18	11	29	White:	79		
75 < yrs	13	9	22	Unknown:	0		
Total	53	32	85	TOTAL:	85		

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Ownership, Management and General Information

Fresenius Medical Care Skokie Name:

9801 Woods Drive Address:

City: Cook County: HSA: 7

Skokie

Medicare ID: 14-2618 **Legal Entity Operator:** Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: OLD ORCHARD WOODS MANAGEMENT

Other Ownership:

Medical Director Name: Dr. Christopher Najafi **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	14	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	3
Peak Authorized Stations Operated:	14	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	11	16	11	16	11	0	16	
Number of Patients Treated	24	38	24	38	25	0	38	

Facility Utilization Information

Total

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 65 In-Center Treatments in calendar year: 8,567 (Beginning patients) **Number of Missed Treatments:** 23 **Average Daily Treatments:**

Patients treated as of 12/31/2013: 60 (Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 105 treated in calendar year:

61

Medicare

44

105

LOSSES to the FACILITY USE RATE for the FACILITY ADDITIONS to the FACILITY

Medicaid

		-			
New Patients:	35	Recovered patients:	0	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	0	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	65%
Patients Re-Started:	0	Patients transferred out:	24	Use Rate (including Missed Treatments):	66%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	77%
Total:	35	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	71%
		Patients deceased:	9	Renal Network Use Rate:	71%
		Total:	36		

Patients and Net Revenue by Payor Source

Private Pay

105

Other Public

TOTAL

Charity Care

Private Insurance

						-			-
		77.1	1%	1.9%	18.1%	2.9%	0.0%	100.0%	0.0%
Patient			81	2	19	3	0	105	0
1/1/2012 to	12/31/2012	64.	1%	1.6%	33.6%	0.0%	0.6%	100.0%	0.0%
Net Revenue	!	\$2,578,752	2 \$6	64,919	\$1,352,971	\$0	\$25,745	\$4,022,387	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian P	atients:	25	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Native A	American/ Indian:	0	Non-Hispanic La	atino Patien	102
15-44 yr	1	4	5	Black/ A	African American :	13	Unknown Ethnic	city Patients	0
45-64 yr	15	7	22	Hawaiia	n /Pacific Islande	0	TOTAL:		105
65-74 yr	13	12	25	White:		67			
75 < yrs	32	21	53	Unknow	/n :	0			

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TOTAL:

Ownership, Management and General Information

Fresenius Medical Care South Chicago Name:

9200 South Chicago Avenue Address:

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2519 **Legal Entity Operator:**

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** ROCKFORD 550, LLC

Other Ownership:

Medical Director Name: Dr. Kareen Simpson **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT							
Authorized Stations as of 12/31/2013:	36	Full-Time Work Week: 32							
Certified Stations by CMS:	36	Regsitered Nurse: 7							
Peak Authorized Stations Operated:	36	Dialysis Technician: 21							
Authorized Stations Setup and Staffed in Oct 1-7:	36	Dietician: 1							
Isolation Stations Set up in Oct 1-7:	0	Social Worker: 1							
(subset of authorized stations)		LPN : 0							
Number of Shifts Operated per day		Other Health: 0							
		Other Non-Health: 4							
Dialysis Station Utilization for the Week of Oct 1 - 7									
Date of Operation Oct 1	Oct 2	Oct 3 Oct 4 Oct 5 Oct 6 Oct 7							

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	19	19	19	19	18	0	19
Number of Patients Treated	91	82	95	83	94	0	83

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 181 In-Center Treatments in calendar year: 26,744 (Beginning patients) **Number of Missed Treatments:** 695

Average Daily Treatments: Patients treated as of 12/31/2013: 181

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 236 treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY ADDITIONS to the FACILITY

New Patients:	59	Recovered patients:	4	Treatment Capacity/year (based on Stations):	33,696
Transient Patients:	4	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	79%
Patients Re-Started:	0	Patients transferred out:	42	Use Rate (including Missed Treatments):	81%
Post-Transplant Patien	0	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	84%
Total:	63	Patients lost to follow up:	3	Use Rate (Year end Patients/Stations*6):	84%
		Patients deceased:	14	Renal Network Use Rate:	84%
		Total:	68		

Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		66.	9%	14.0%	16.9%	1.7%	0.4%	100.0%	0.0%
Patient			158	33	40	4	1	236	0
1/1/2012 to	12/31/2012	55.	7%	16.8%	27.1%	0.4%	0.0%	100.0%	0.0%
Net Revenue		\$4,835,56	66 \$1,45	57,880	\$2,351,604	\$35,340	\$0	\$8,680,391	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicit	<u>Y</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	71
<14 yrs	0	0	0	Nativ	Native American/ Indian:		Non-Hispanic Latino Patien		165
15-44 vr	26	7	33	Black	/ African American :	165	Unknown Ethnie	city Patients	0

<u>1 4t</u>	ICIICO DY AC	e and ocx		i aticitis by itace		rations by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	71	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	165	
15-44 yr	26	7	33	Black/ African American :	165	Unknown Ethnicity Patients	0	
45-64 yr	67	39	106	Hawaiian /Pacific Islande	0	TOTAL:	236	
65-74 yr	31	36	67	White:	71			
75 < yrs	13	17	30	Unknown:	0			
Total	137	99	236	TOTAL:	236			

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Ownership, Management and General Information

Name: Fresenius Medical Care South Deering

Address: 10559 S. Torrence Ave.

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2756

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: TORRENCE COMPLEX, LP

Other Ownership:

Medical Director Name: Dr. Richard Hong
Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	32		
Certified Stations by CMS:	20	Regsitered Nurse :	2		
Peak Authorized Stations Operated:	8	Dialysis Technician :	4		
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	1		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	12	0	12	0	0	12	
Number of Patients Treated	0	9	0	9	0	0	10	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 1 In-Center Treatments in calendar year: 879 (Beginning patients) Number of Missed Treatments: 80

Patients treated as of 12/31/2013: Average Daily Treatments:

Medicaid

(Ending patients)

Average Treatment Time (min): 280.0

Total Unduplicated patients 22 treated in calendar year:

Medicare

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	21	Recovered patients:	0	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	1	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	5%
Patients Re-Started:	0	Patients transferred out:	1	Use Rate (including Missed Treatments):	5%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	1%
Total:	22	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	18%
		Patients deceased:	0	Renal Network Use Rate:	18%
		Total:	1		

Patients and Net Revenue by Payor Source

Private Pav

Other Public

TOTAL Charity Care

Private Insurance

		Mican	ouic	meanouna	i iivate iiisaranee	i iivate i ay	Other I dollo	IOIAL	Onarity Gare
		50	0.0%	4.5%	36.4%	9.1%	0.0%	100.0%	0.0%
Patient			11	1	8	2	0	22	0
1/1/2012 to	12/31/2012	C	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Net Revenue			\$0	\$0	\$8,736	\$0	\$0	\$8,736	\$0
Par	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Patie</u>	nts by Ethnicit	ν.
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	0	Hispanic Latino P	atients:	9
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Latino Patien		13
15-44 yr	1	0	1	Black	/ African American :	11	Unknown Ethnicity Patients		0
45-64 yr	9	6	15	Hawa	iian /Pacific Islande	0	TOTAL:		22
65-74 yr	1	1	2	White	e:	11			
75 < yrs	1	3	4	Unkn	own :	0			
Total	12	10	22	TOTA	AL:	22			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care South Holland Name:

17225 South Paxton Avenue Address:

South Holland City:

Cook County: HSA: 7 Medicare ID: 14-2542 **Legal Entity Operator:**

Fresenius Medical Care Chicagoland, LLC

0

0

18

45

Legal Entity Owner:

Limited Liability Company Ownership Type:

Property Owner: Physicians' Capital Investments, LLC

Other Ownership:

Medical Director Name: Dr. Ramash Soundararajan

18

42

18

33

15

0

114

Provides Incenter Noctural Dialysis:

STATION INFORMATION	STATION INFORMATION								
Authorized Stations as of 12/31/2013:	19	Full-Time Work Week:	32						
Certified Stations by CMS:	19	Regsitered Nurse :	5						
Peak Authorized Stations Operated:	17	Dialysis Technician :	7						
Authorized Stations Setup and Staffed in Oct 1-7:	17	Dietician :	1						
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1						
(subset of authorized stations)		LPN:	0						
Number of Shifts Operated per day		Other Health :	0						
		Other Non-Health:	2						
Dialysis Station Utilization for the Week of Oct 1 - 7									
Date of Operation Oct 1	Oct 2	Oct 3 Oct 4 Oct 5 Oct 6	Oct 7						

18

36

Facility Utilization Information

Hours operated

Number of Patients Treated

Facility Reported Treatment Information Facility Reported Patient Information

21

42

Patients treated as of 1/1/2013: In-Center Treatments in calendar year: 82 8.402 (Beginning patients) **Number of Missed Treatments:** 15

Average Daily Treatments: Patients treated as of 12/31/2013: 82

18

34

(Ending patients) Average Treatment Time (min): 360.0

Total Unduplicated patients 114 treated in calendar year:

10

15

71

65-74 yr

75 < yrs

Total

LOSSES to the FACILITY ADDITIONS to the FACILITY

16

13

43

USE RATE for the FACILITY New Patients: 42 Recovered patients: 1 Treatment Capacity/year (based on Stations): 17,784 7 **Transient Patients: Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 47% Patients Re-Started: 0 Patients transferred out: 21 Use Rate (including Missed Treatments): 47% **Post-Transplant Patien** Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 72% Total: 50 Patients lost to follow up: 1 Use Rate (Year end Patients/Stations*6): 72% Patients deceased: 10 **Renal Network Use Rate:** 79%

> Total: 36

White:

TOTAL:

Unknown:

26

28

114

Patients and Net Revenue by Payor Source

		Medic	are N	ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		54	.4%	9.6%	33.3%	2.6%	0.0%	100.0%	0.0%
Patient			62	11	38	3	0	114	0
1/1/2012 to 1	12/31/2012	54	.4%	9.6%	33.3%	2.6%	0.0%	100.0%	0.0%
Net Revenue		\$6	62	\$11	\$38	\$3	\$0	\$114	\$0
Pat	tients by Ag	e and Sex			Patients by Race	2	<u>Patier</u>	its by Ethnicit	V.
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	1	Hispanic Latino Pa	itients:	9
<14 yrs	0	0	0	Nativ	Native American/ Indian:		Non-Hispanic Latin	no Patien	105
15-44 yr	6	3	9	Black	/ African American :	98	Unknown Ethnicity	/ Patients	0
45-64 yr	40	11	51	Hawa	iian /Pacific Islande	0	TOTAL:		114

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Ownership, Management and General Information

Name: Fresenius Medical Care South Shore

Address: 2420 East 79th Street

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2572

Legal Entity Operator: Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: CHICAGO DIALYSIS I, LLC

Other Ownership:

Medical Director Name: Dr. C McClurkin
Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Regsitered Nurse :	3
Peak Authorized Stations Operated:	16	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	17	0	17
Number of Patients Treated	31	31	41	36	38	0	33

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 78 In-Center Treatments in calendar year: 10,875 (Beginning patients) Number of Missed Treatments: 625

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 118 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: 25 Recovered patients: 0 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 11 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 73% Patients Re-Started: 1 Patients transferred out: 25 Use Rate (including Missed Treatments): 77% **Post-Transplant Patien** 1 Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 81% Total: 38 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 83% Patients deceased: **Renal Network Use Rate:** 84% 8 Total: 37

Patients and Net Revenue by Payor Source

		Medica	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		66.	1%	11.0%	18.6%	3.4%	0.8%	100.0%	0.0%
Patient			78	13	22	4	1	118	0
1/1/2012 to 1	2/31/2012	53.2	2%	11.9%	34.3%	0.6%	0.0%	100.0%	0.0%
Net Revenue		\$1,875,60	0 \$41	8,250	\$1,209,827	\$21,658	\$0	\$3,525,336	\$0
<u>Pat</u>	ients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	¥
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	n Patients:	0	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	115

AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	115
15-44 yr	9	4	13	Black/ African American :	114	Unknown Ethnicity Patients	0
45-64 yr	40	39	79	Hawaiian /Pacific Islande	0	TOTAL:	118
65-74 yr	15	11	26	White:	1		
75 < yrs	0	0	0	Unknown:	3		
Total	64	54	118	TOTAL:	118		
				1		<u>!</u>	

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Ownership, Management and General Information

Name: Fresenius Medical Care South Suburban

Address: 2609 Lincoln Highway

City: Olympia Fields
County: Cook

County: Cook **HSA:** 7 **Medicare ID:** 14-2517

Legal Entity Operator: SSKG, Inc..

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: IRA HOLDINGS II, LLC

Other Non-Health:

2

Other Ownership:

Medical Director Name: Dr. L Terrado
Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	27	Full-Time Work Week:	32
Certified Stations by CMS:	27	Regsitered Nurse :	8
Peak Authorized Stations Operated:	27	Dialysis Technician :	20
Authorized Stations Setup and Staffed in Oct 1-7:	27	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	18	0	18	
Number of Patients Treated	67	60	61	67	64	0	63	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 138 In-Center Treatments in calendar year: 20,250 (Beginning patients) Number of Missed Treatments: 861

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 250.0

Total Unduplicated patients 183

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients: Recovered patients: 2 Treatment Capacity/year (based on Stations): 25,272 **Transient Patients:** 1 **Transplant Recipients:** 14 Use Rate (Treatments/Treatment capacity): 80% Patients Re-Started: 4 Patients transferred out: 4 Use Rate (including Missed Treatments): 84% **Post-Transplant Patien** Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 85% Total: 13 Patients lost to follow up: 11 Use Rate (Year end Patients/Stations*6): 91% Patients deceased: **Renal Network Use Rate:** 94% 0 Total: 35

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	71.0%	2.2%	24.0%	2.2%	0.5%	100.0%	0.0%
Patient	130	4	44	4	1	183	0
1/1/2012 to 12/31/2012	59.7%	3.1%	36.3%	0.8%	0.1%	100.0%	0.0%
Net Revenue	\$4,351,030	\$227,137	\$2,645,326	\$61,419	\$7,596	\$7,292,508	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	У

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	14
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	166
15-44 yr	22	14	36	Black/ African American :	133	Unknown Ethnicity Patients	3
45-64 yr	47	20	67	Hawaiian /Pacific Islande	1	TOTAL:	183
65-74 yr	28	31	59	White:	47		
75 < yrs	15	6	21	Unknown:	1		
Total	112	71	183	TOTAL:	183		

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Ownership, Management and General Information

Name: Fresenius Medical Care Southside

Address: 3134 W. 76TH STREET

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2508

Legal Entity Operator:

WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Biomedical Medical Partners LLC

Other Ownership:

Medical Director Name: Dr. A. Gupta
Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	39	Full-Time Work Week:	32
Certified Stations by CMS:	39	Regsitered Nurse :	9
Peak Authorized Stations Operated:	39	Dialysis Technician :	22
Authorized Stations Setup and Staffed in Oct 1-7:	39	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	4

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17.5	17.5	17.5	17.5	17.5	0	17.5	
Number of Patients Treated	85	102	81	102	87	0	105	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 201 In-Center Treatments in calendar year: 29,345 (Beginning patients) Number of Missed Treatments: 3,406

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 260.0

Total Unduplicated patients 286

treated in calendar year:

172

114

286

Total

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	76	Recovered patients:	5	Treatment Capacity/year (based on Stations):	36,504
Transient Patients:	8	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	80%
Patients Re-Started:	0	Patients transferred out:	54	Use Rate (including Missed Treatments):	90%
Post-Transplant Patien	1	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	86%
Total:	85	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	88%
		Patients deceased:	25	Renal Network Use Rate:	88%
		Total:	89		

Patients and Net Revenue by Payor Source

		Medica	re M	ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		56.6	5%	20.3%	14.3%	7.0%	1.7%	100.0%	0.0%
Patient		1	62	58	41	20	5	286	0
1/1/2012 to	12/31/2012	59.2	2%	18.3%	22.0%	0.4%	0.1%	100.0%	0.0%
Net Revenue		\$4,829,607	7 \$1,49	94,771	\$1,796,318	\$30,769	\$7,650	\$8,159,116	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	L
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	3	Hispanic Latino	Patients:	42
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	244
15-44 yr	45	31	76	Black	/ African American :	231	Unknown Ethnic	city Patients	0
45-64 yr	61	34	95	Hawa	iian /Pacific Islande	3	TOTAL:		286
65-74 yr	36	36	72	White	e :	49			
75 < yrs	30	13	43	Unkn	own:	0			

286

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TOTAL:

Ownership, Management and General Information

Fresenius Medical Care Southwestern Illinois Name:

7 Eastgate Plaza Address:

East Alton City: Madison County:

HSA: Medicare ID: 14-2535 **Legal Entity Operator:**

Bio-Medical Applications of Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Eastgate Plaza Partnership, Ltd.

Other Ownership:

Medical Director Name: Dr. Erik Daniels **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	19	Full-Time Work Week:	32	
Certified Stations by CMS:	19	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	19	Dialysis Technician :	5	
Authorized Stations Setup and Staffed in Oct 1-7:	19	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	

Other Health: 0 Other Non-Health: 2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	11	11	11	11	11	0	11	
Number of Patients Treated	23	36	21	34	21	0	34	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 61 In-Center Treatments in calendar year: 8.714 (Beginning patients) **Number of Missed Treatments:** 822

Average Daily Treatments: Patients treated as of 12/31/2013: 62

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 96 treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY ADDITIONS to the FACILITY

New Patients:	27	Recovered patients:	0	Treatment Capacity/year (based on Stations):	17,784
Transient Patients:	7	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	49%
Patients Re-Started:	1	Patients transferred out:	4	Use Rate (including Missed Treatments):	54%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	54%
Total:	35	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	54%
		Patients deceased:	0	Renal Network Use Rate:	54%
		Total:	5		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	72.9%	4.2%	17.7%	4.2%	1.0%	100.0%	0.0%
Patient	70	4	17	4	1	96	0
1/1/2012 to 12/31/2012	74.0%	3.6%	19.4%	0.9%	2.1%	100.0%	0.0%
Net Revenue	\$1,824,469	\$88,894	\$479,442	\$21,604	\$51,359	\$2,465,768	\$0
Patients by Age	and Sex		Patients by Rac	e	Pat	ients by Ethnicit	v

Pat	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	95	
15-44 yr	4	8	12	Black/ African American :	52	Unknown Ethnicity Patients	0	
45-64 yr	19	18	37	Hawaiian /Pacific Islande	0	TOTAL:	96	
65-74 yr	11	12	23	White:	44			
75 < yrs	16	8	24	Unknown:	0			
Total	50	46	96	TOTAL:	96			

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Ownership, Management and General Information

Fresenius Medical Care Spoon River Name:

210 West Walnut Street Address:

14-2565

Canton City: Fulton County: HSA: 2

Medicare ID:

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: GRAHAM HOSPITAL ASSOCIATION

Other Ownership:

Medical Director Name: Dr. Anthony Horinek **Provides Incenter Noctural Dialysis:**

17

Private Pav

15

Other Public

0

18

TOTAL Charity Care

STATION INFORMATION	<u>N</u>	FACILITY STAFFING - FULL TIME EQUIVALEN						<u>ENT</u>
Authorized Stations as of 12/31/2013:		9		Full-Time Work Week:				32
Certified Stations by CMS:		9		Regsitered Nurse :				2
Peak Authorized Stations Operated:		9		Dialysis Technician :				6
Authorized Stations Setup and Staffed in Oct 1-7: 8 Dietician :							0	
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				0	
(subset of authorized stations)				LPN:				0
Number of Shifts Operated per day				Other Health :			0	0
				Other No	on-Health:			1
<u>Dialysis</u>	Station Utili	zation for th	e Week of	Oct 1 - 7				
Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	13	13	15	13	0	15	

13

Facility Utilization Information

treated in calendar year:

Number of Patients Treated

Total:

Medicare

Facility Reported Patient Information Facility Reported Treatment Information Patients treated as of 1/1/2013: In-Center Treatments in calendar year: 5,088 34 (Beginning patients) **Number of Missed Treatments:** 41 **Average Daily Treatments:** Patients treated as of 12/31/2013: 34 (Ending patients) Average Treatment Time (min): 300.0 **Total Unduplicated patients** 56

16

13

Medicaid

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY		
New Patients:	18	Recovered patients:	1	Treatment Capacity/year (based on Stations):	8,424	
Transient Patients:	4	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	60%	
Patients Re-Started:	0	Patients transferred out:	6	Use Rate (including Missed Treatments):	61%	
Post-Transplant Patien	0	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	63%	
Total:	22	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	63%	
		Patients deceased:	8	Renal Network Use Rate:	65%	

Patients and Net Revenue by Payor Source

Private Insurance

22

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		78	3.6%	3.6%	16.1%	1.8%	0.0%	100.0%	0.0%
Patient			44	2	9	1	0	56	0
1/1/2012 to	12/31/2012	35	5.9%	0.0%	64.1%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$1,075,8	86	\$0	\$1,917,422	\$0	\$0	\$2,993,309	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	<u></u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	56
15-44 yr	0	1	1	Black	/ African American :	2	Unknown Ethni	city Patients	0
45-64 yr	11	5	16	Hawa	iian /Pacific Islande	0	TOTAL:		56
65-74 yr	5	12	17	White	e:	54			
75 < yrs	13	9	22	Unkn	own:	0			
Total	29	27	56	TOTA	AL:	56			

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Ownership, Management and General Information

Fresenius Medical Care Spring Valley Name:

12 Wolfer Industrial Park Address:

Spring Valley City: Bureau County: HSA: 2 Medicare ID: 14-2564

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

For Profit Corporation Ownership Type: **Property Owner:** Kim J Resetich

Other Ownership:

Medical Director Name: Dr. Ben Pflederer **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	17	Full-Time Work Week:	32	
Certified Stations by CMS:	17	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	17	Dialysis Technician :	6	
Authorized Stations Setup and Staffed in Oct 1-7:	17	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	17	14	17	14	0	17	
Number of Patients Treated	31	29	32	31	29	0	30	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 61 In-Center Treatments in calendar year: 9.292 (Beginning patients) **Number of Missed Treatments:** 103 **Average Daily Treatments:** Patients treated as of 12/31/2013:

63 (Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 92 treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY ADDITIONS to the FACILITY

New Patients:	23	Recovered patients:	1	Treatment Capacity/year (based on Stations):	15,912
Transient Patients:	6	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	58%
Patients Re-Started:	0	Patients transferred out:	9	Use Rate (including Missed Treatments):	59%
Post-Transplant Patien	2	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	60%
Total:	31	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	62%
		Patients deceased:	16	Renal Network Use Rate:	62%
		Total:	30		

Patients and Net Revenue by Payor Source

	Medicare		Medicare Medicaid Private Insurance			Private Pay	Other Public	TOTAL	Charity Care	
	80.4%	1.1%	12.0%	3.3%	3.3%	100.0%	0.0%			
Patient	74	1	11	3	3	92	0			
1/1/2012 to 12/31/2012	71.0%	0.7%	23.8%	0.2%	4.3%	100.0%	0.0%			
Net Revenue	\$1,973,322	\$18,905	\$661,711	\$6,229	\$119,221	\$2,779,389	\$0			
Patients by Age	and Sov		Patients by Race		Pat	ients by Ethnicit	v			

Pat	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	4	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	88	
15-44 yr	7	1	8	Black/ African American :	1	Unknown Ethnicity Patients	0	
45-64 yr	18	9	27	Hawaiian /Pacific Islande	0	TOTAL:	92	
65-74 yr	15	12	27	White:	91			
75 < yrs	16	14	30	Unknown:	0			
Total	56	36	92	TOTAL:	92			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Steger Name:

219 East 34th Street Address:

Steger City: County: HSA:

Cook Medicare ID: 14-2725 **Legal Entity Operator:**

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: MANCO PROPERTY MANAGEMENT, LLC

Other Ownership:

Medical Director Name: Dr. Kenneeth Clinc **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT					
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32				
Certified Stations by CMS:	12	Regsitered Nurse :	4				
Peak Authorized Stations Operated:	12	Dialysis Technician :	6				
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1				
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1				
(subset of authorized stations)		LPN:	0				
Number of Shifts Operated per day		Other Health :	0				
		Other Non-Health:	1				
Dialysis Station Utilization for the Week of Oct 1 - 7							

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	18	13	18	13	0	18	
Number of Patients Treated	23	30	23	30	22	0	33	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 54 In-Center Treatments in calendar year: 8,338 (Beginning patients) **Number of Missed Treatments:** 488

Average Daily Treatments: Patients treated as of 12/31/2013: 57

(Ending patients) Average Treatment Time (min): 260.0

Total Unduplicated patients 74 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the 17th	/			<u>002 10/112 10/ 1/10 1/10/2/11 1</u>	
New Patients:	33	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	7	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	74%
Patients Re-Started:	0	Patients transferred out:	9	Use Rate (including Missed Treatments):	79%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	75%
Total:	40	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	79%
		Patients deceased:	11	Renal Network Use Rate:	94%
		Total:	25		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	64.9%	4.1%	25.7%	2.7%	2.7%	100.0%	0.0%
Patient	48	3	19	2	2	74	0
1/1/2012 to 12/31/2012	54.3%	1.0%	40.3%	0.0%	4.5%	100.0%	0.0%
Net Revenue	\$1,151,648	\$21,238	\$854,188	\$0	\$94,836	\$2,121,910	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicity	<u> </u>
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	1	Hispanic Latino	Patients:	4

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	4
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	68
15-44 yr	6	5	11	Black/ African American :	47	Unknown Ethnicity Patients	2
45-64 yr	18	13	31	Hawaiian /Pacific Islande	0	TOTAL:	74
65-74 yr	9	4	13	White:	26		
75 < yrs	12	7	19	Unknown:	0		
Total	45	29	74	TOTAL:	74		

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Ownership, Management and General Information

Name: Fresenius Medical Care Waukegan Harbor

Address: 110 North West Street

City: Waukegan
County: Lake
HSA: 8
Medicare ID: 14-2727

Legal Entity Operator:

perator: Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: AMERICAN REALTY CAPITAL OPERATING

Other Ownership:

Medical Director Name: Dr. Rakhi Khanna Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	21	Full-Time Work Week:	32		
Certified Stations by CMS:	21	Regsitered Nurse :	5		
Peak Authorized Stations Operated:	21	Dialysis Technician :	7		
Authorized Stations Setup and Staffed in Oct 1-7:	21	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	2		
Dialysis Station Ut	ilization for the We	eek of Oct 1 - 7			

<u>Dialysis Station Utilization for the Week of Oct 1 - 7</u>

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	17	13	17	13	0	17	
Number of Patients Treated	10	46	10	46	10	0	48	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 37 In-Center Treatments in calendar year: 7,882 (Beginning patients) Number of Missed Treatments: 412

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 108 treated in calendar year:

Medicare

ADDITIONS to the FACILITY

LOSSES to the FACILITY

USE RATE for the FACILITY

Private Pay

Other Public

TOTAL

Charity Care

New Patients: 65 Recovered patients: 0 Treatment Capacity/year (based on Stations): 19,656 7 **Transient Patients: Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 40% 2 Patients Re-Started: Patients transferred out: 19 Use Rate (including Missed Treatments): 42% **Post-Transplant Patien** Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 29% Total: 75 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 60% Patients deceased: 5 **Renal Network Use Rate:** 60%

Total: 25

Medicaid

Patients and Net Revenue by Payor Source

Private Insurance

								_	
		53	.7%	5.6%	23.1%	13.9%	3.7%	100.0%	0.0%
Patient			58	6	6 25		4 108		0
1/1/2012 to	12/31/2012	42	.4%	0.1%	56.4%	0.0%	1.1%	100.0%	0.0%
Net Revenue		\$632,12	29	\$1,694	\$840,713	\$0	\$17,059	\$1,491,594	\$0
Par	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	tients by Ethnicity	<u>.</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian P	Asian Patients:		Hispanic Latino	34	
<14 yrs	0	0	0	Native /	American/ Indian:	0	Non-Hispanic Latino Patien		74
15-44 yr	10	4	14	Black/	African American :	49	Unknown Ethnicity Patients		0
45-64 yr	30	20	50	Hawaiia	Hawaiian /Pacific Islande		TOTAL:		108
65-74 yr	12	15	27	White:		54			
75 < yrs	5	12	17	Unknov	vn :	0			
Total	57	51	108	TOTAL:		108			

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Ownership, Management and General Information

Fresenius Medical Care West Batavia Name:

2580 W. Fabyan Parkway Address:

Batavia City: Kane County: HSA: 8 Medicare ID: 14-2729 **Legal Entity Operator:**

Fresenius Medical Care West Batavia, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** DBMC ASSOCIATES II, LLC

Other Ownership:

Dr. Navichandra Dodhia **Medical Director Name:**

Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32			
Certified Stations by CMS:	12	Regsitered Nurse :	2			
Peak Authorized Stations Operated:	12	Dialysis Technician :	3			
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0			
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0			
(subset of authorized stations)		LPN:	0			
Number of Shifts Operated per day		Other Health :	0			
		Other Non-Health:	1			

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	7	12	7	12	7	0	12	
Number of Patients Treated	3	22	3	19	4	0	20	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 17 In-Center Treatments in calendar year: 3,219 (Beginning patients) **Number of Missed Treatments:** 26

Average Daily Treatments: Patients treated as of 12/31/2013: 20 (Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 47

Medicare

treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY

Private Pay

Other Public

TOTAL

Charity Care

ADDITIONS to the FACILITY LOSSES to the		LOSSES to the FACILITY		USE RATE for the FACILITY	E RATE for the FACILITY		
New Patients:	27	Recovered patients:	2	Treatment Capacity/year (based on Stations):	11,232		
Transient Patients:	7	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	29%		
Patients Re-Started:	0	Patients transferred out:	9	Use Rate (including Missed Treatments):	29%		
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	24%		
Total:	34	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	28%		
		Patients deceased:	5	Renal Network Use Rate:	35%		
		Totalı	24				

Total: 21

Medicaid

Patients and Net Revenue by Payor Source

Private Insurance

		51	.1%	4.3%	40.4%	4.3%	0.0%	100.0%	0.0%
Patient			24	2	19	2	0	47	0
1/1/2012 to	12/31/2012	31	.5%	0.0%	68.5%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$239,0	56	\$0	\$520,545	\$0	\$0	\$759,601	\$0
Patients by Age and Sex					Patients by Race		Patie	ents by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	tients:	2	Hispanic Latino I	Patients:	10
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic Latino Patien		37
15-44 yr	6	1	7	Black/ Af	frican American :	2	Unknown Ethnic	ity Patients	0
45-64 yr	19	10	29	Hawaiiar	n /Pacific Islande	0	TOTAL:		47
65-74 yr	5	5	10	White:		43			
75 < yrs	1	0	1	Unknow	n :	0			
Total	31	16	47	TOTAL:		47			

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Ownership, Management and General Information

Fresenius Medical Care West Belmont Name:

4943 West Belmont Address:

Chicago City: Cook County: HSA: 6 **Medicare ID:** 14-2523 **Legal Entity Operator:**

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** 4935 W. BELMONT, INC

Other Ownership:

Medical Director Name: Dr. Neetha Dhananjaya **Provides Incenter Noctural Dialysis:**

16

40

Private Pay

16

31

Other Public

0

0

16

46

TOTAL

Charity Care

STATION INFORMATION			FACILITY STAFFING - FULL TIME EQUIVALENT						
Authorized Stations as of 12/31/2013:		17		Full-Time	e Work Wee	k:		32	
Certified Stations by CMS:		17		Regsiter	ed Nurse :			3	
Peak Authorized Stations Operated:		17		Dialysis	Technician	:		7	
Authorized Stations Setup and Staffed in Oct 1	-7:	17		Dietician :				0	
Isolation Stations Set up in Oct 1-7:		1		Social Worker:				0	
(subset of authorized stations)				LPN:				0	
Number of Shifts Operated per day				Other He	ealth:			0	
				Other No	on-Health:			1	
Dialysis Station Utilization for the Week of Oct 1 - 7									
Date of Operation	Oct 1	Oct 2	Oct 3	t 3 Oct 4 Oct 5 Oct 6			Oct 7		

16

27

Facility Utilization Information

Number of Patients Treated

Hours operated

Facility Reported Patient Information Facility Reported Treatment Information

16

43

Patients treated as of 1/1/2013: 72 In-Center Treatments in calendar year: 10,590 (Beginning patients) **Number of Missed Treatments:** 179

Average Daily Treatments: Patients treated as of 12/31/2013: 82

Medicaid

16

30

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 101 treated in calendar year:

Medicare

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

/ ID DITTION TO THE TAR	<u> </u>			002 11/112 10: 1110 1710 12:11 1	
New Patients:	27	Recovered patients:	1	Treatment Capacity/year (based on Stations):	15,912
Transient Patients:	2	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	67%
Patients Re-Started:	0	Patients transferred out:	13	Use Rate (including Missed Treatments):	68%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	71%
Total:	29	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	80%
		Patients deceased:	2	Renal Network Use Rate:	80%
		Total:	10		

Patients and Net Revenue by Payor Source

Private Insurance

						-			
		52.5	%	31.7%	8.9%	6.9%	0.0%	100.0%	0.0%
Patient		į	53	32	9	7	0	101	0
1/1/2012 to	12/31/2012	44.8	%	32.6%	22.6%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$1,268,963	\$92	5,437	\$641,159	\$0	\$0	\$2,835,559	\$0
Pa	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	tients:	3	Hispanic Latino	Patients:	72
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic La	atino Patien	29
15-44 yr	11	9	20	Black/ A	frican American :	13	Unknown Ethnic	city Patients	0
45-64 yr	25	15	40	Hawaiiar	n /Pacific Islande	0	TOTAL:		101
65-74 yr	17	10	27	White:		13			
75 < yrs	6	8	14	Unknow	n :	72			
Total	59	42	101	TOTAL:		101			

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Ownership, Management and General Information

Name: Fresenius Medical Care West Metro Address: 1044 North Mozart, 3rd Floor

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2536

Legal Entity Operator:

WSKC Dialysis Services, Inc.

4

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Norweigian American Hospital

Other Non-Health:

Other Ownership:

Medical Director Name: Dr. R. Vilbar
Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	32	Full-Time Work Week:	32	
Certified Stations by CMS:	32	Regsitered Nurse :	10	
Peak Authorized Stations Operated:	32	Dialysis Technician :	16	
Authorized Stations Setup and Staffed in Oct 1-7:	32	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	2	
(subset of authorized stations)		LPN:	1	
Number of Shifts Operated per day		Other Health :	0	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	16	0	16
Number of Patients Treated	77	83	76	86	81	0	86

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 173 In-Center Treatments in calendar year: 25,194 (Beginning patients) Number of Missed Treatments: 2,007 Patients treated as of 12/31/2013: 405 Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

240.0

Total Unduplicated patients 254 treated in calendar year:

27

167

75 < yrs

Total

17

87

44

254

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	80	Recovered patients:	1	Treatment Capacity/year (based on Stations):	29,952
Transient Patients:	10	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	84%
Patients Re-Started:	10	Patients transferred out:	49	Use Rate (including Missed Treatments):	91%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	90%
Total:	100	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	96%
		Patients deceased:	17	Renal Network Use Rate:	101%
		Total:	75		

Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		50.	8%	24.8%	13.8%	9.8%	0.8%	100.0%	0.0%
Patient		•	129	63	35	25	2	254	0
1/1/2012 to 1	2/31/2012	53.	9%	20.9%	24.5%	0.7%	0.0%	100.0%	0.0%
Net Revenue		\$4,346,51	6 \$1,68	39,727	\$1,976,333	\$55,212	\$0	\$8,067,788	\$0
Patients by Age and Sex				Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	L	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	5	Hispanic Latino	Patients:	157
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	97
15-44 yr	25	10	35	Black	d African American :	80	Unknown Ethnic	city Patients	0
45-64 yr	85	29	114	Hawa	iian /Pacific Islande	0	TOTAL:		254
65-74 yr	30	31	61	White	e:	169			

0

254

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Unknown:

TOTAL:

Ownership, Management and General Information

Fresenius Medical Care West Suburban Name:

518 N. Austin Blvd., 5th Floor Address:

Oak Park City: Cook County: HSA. 7

Medicare ID: 14-2530 **Legal Entity Operator:**

WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: West Suburban Hospital Medical Center

Other Ownership:

Medical Director Name: Dr. Arthur Morris **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	46	Full-Time Work Week:	32		
Certified Stations by CMS:	46	Regsitered Nurse :	10		
Peak Authorized Stations Operated:	46	Dialysis Technician :	24		
Authorized Stations Setup and Staffed in Oct 1-7:	46	Dietician :	2		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	2		
(subset of authorized stations)		LPN:	1		
			_		

Number of Shifts Operated per day Other Health . 0 Other Non-Health: 4

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	17	0	17
Number of Patients Treated	101	121	99	125	100	0	126

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 243 In-Center Treatments in calendar year:

(Beginning patients) **Number of Missed Treatments:** 1.112

Average Daily Treatments: Patients treated as of 12/31/2013: 241

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 338 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients: Recovered patients: 4 Treatment Capacity/year (based on Stations): 43,056 **Transient Patients:** 48 **Transplant Recipients:** 4 Use Rate (Treatments/Treatment capacity): Patients Re-Started: 0 Patients transferred out: 66 Use Rate (including Missed Treatments): **Post-Transplant Patien** 3 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 88% Total: 80 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 87% Patients deceased: 9 **Renal Network Use Rate:** 88% Total: 85

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	65.7%	12.7%	15.4%	4.7%	1.5%	100.0%	0.0%
Patient	222	43	52	16	5	338	0
1/1/2012 to 12/31/2012	52.9%	11.3%	35.0%	0.3%	0.5%	100.0%	0.0%
Net Revenue	\$5,857,313	\$1,251,989	\$3,877,230	\$29,973	\$54,489	\$11,070,993	\$0
Patients by Age	and Sex		Patients by Race		<u>Pa</u>	tients by Ethnicity	!
AGE GROUPS MALE	FEMALE TO	OTΔI Asian	Patients:	3	Hisnanic Latino	Patients:	8

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	3	Hispanic Latino Patients:	8	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	330	
15-44 yr	35	17	52	Black/ African American :	300	Unknown Ethnicity Patients	0	
45-64 yr	80	67	147	Hawaiian /Pacific Islande	0	TOTAL:	338	
65-74 yr	35	41	76	White:	35			
75 < yrs	35	28	63	Unknown:	0			
Total	185	153	338	TOTAL:	338			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Name: Fresenius Medical Care West Willow

Address: 1444 West Willow

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2730

Legal Entity Operator:

Legal Entity Owner:

Limited Liability Company Elston Industrial Lofts, LLC

Fresenius Medical Care West Willow, LLC

Ownership Type: Property Owner: Other Ownership:

Medical Director Name: Dr. Mohamed Salem Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME	NG - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32		
Certified Stations by CMS:	12	Regsitered Nurse :	3		
Peak Authorized Stations Operated:	12	Dialysis Technician :	3		
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0		
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	1		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	13	13	13	13	0	13	
Number of Patients Treated	13	18	12	17	10	0	18	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 22 In-Center Treatments in calendar year: 3,683 (Beginning patients) Number of Missed Treatments: 286

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 312.0

Total Unduplicated patients 59 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	38	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	1	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	33%
Patients Re-Started:	1	Patients transferred out:	19	Use Rate (including Missed Treatments):	35%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	31%
Total:	40	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	47%
		Patients deceased:	6	Renal Network Use Rate:	49%
		Total:	28		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	64.4%	5.1%	25.4%	5.1%	0.0%	100.0%	0.0%
Patient	38	3	15	3	0	59	0
1/1/2012 to 12/31/2012	37.2%	3.2%	58.4%	1.1%	0.0%	100.0%	0.0%
Net Revenue	\$245,931	\$21,464	\$386,190	\$7,170	\$0	\$660,755	\$0
Patients by Age	and Sex		Patients by Race	e	Pati	ents by Ethnicit	v

Pat	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	3	Hispanic Latino Patients:	8	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	51	
15-44 yr	3	2	5	Black/ African American :	26	Unknown Ethnicity Patients	0	
45-64 yr	19	5	24	Hawaiian /Pacific Islande	0	TOTAL:	59	
65-74 yr	8	5	13	White:	22			
75 < yrs	11	6	17	Unknown:	8			
Total	41	18	59	TOTAL:	59			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

Fresenius Medical Care Westchester Name:

2400 Wolf Road, Ste 101A Address:

Westchester City: Cook

County: HSA: Medicare ID: 14-2520

DuPage Dialysis, LTD **Legal Entity Operator:**

Legal Entity Owner:

Limited Partnership

Ownership Type: **Property Owner:** TANDEM REAL ESTATE, LLC

Other Ownership:

Medical Director Name: Dr. Leonard Potempa **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	32
Certified Stations by CMS:	20	Regsitered Nurse :	5
Peak Authorized Stations Operated:	20	Dialysis Technician :	12
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	18	14	18	14	0	18
Number of Patients Treated	39	50	31	55	39	0	58

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 89 In-Center Treatments in calendar year: 13,557 (Beginning patients) **Number of Missed Treatments:** 212

Average Daily Treatments: Patients treated as of 12/31/2013: 97

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 139 treated in calendar year:

ADDITIONS to the FACILITY LOCCEC to the EACH ITY

Total:

ADDITIONS to the FAC	<u>ILIIY</u>	LUSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	41	Recovered patients:	0	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	13	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	72%
Patients Re-Started:	1	Patients transferred out:	35	Use Rate (including Missed Treatments):	74%
Post-Transplant Patien	2	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	74%
Total:	57	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	81%
		Patients deceased:	11	Renal Network Use Rate:	81%

49

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	68.3%	5.8%	20.9%	3.6%	1.4%	100.0%	0.0%
Patient	95	8	29	5	2	139	0
1/1/2012 to 12/31/2012	67.6%	2.7%	28.7%	0.1%	0.9%	100.0%	0.0%
Net Revenue	\$2,801,225	\$110,962	\$1,189,774	\$5,906	\$37,406	\$4,145,274	\$0

Patients by Age and Sex			Patients by Race				
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	10
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	129
15-44 yr	3	4	7	Black/ African American :	47	Unknown Ethnicity Patients	0
45-64 yr	38	23	61	Hawaiian /Pacific Islande	1	TOTAL:	139
65-74 yr	19	9	28	White:	88		
75 < yrs	24	19	43	Unknown:	0		
Total	84	55	139	TOTAL:	139		

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Ownership, Management and General Information

Fresenius Medical Care Williamson County Name:

900 Skyline Drive, Ste 200 Address:

Marion City: County:

HSA: 5 Medicare ID: 14-2627

Williamson

Legal Entity Owner: Ownership Type: For Profit Corporation **Property Owner:** Zeller Properties Other Ownership:

Legal Entity Operator:

Medical Director Name: Dr. Muhammad Kamran **Provides Incenter Noctural Dialysis:**

Bio-Medical Applications of Illinois, Inc.

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>E EQUIVALENT</u>		
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	32		
Certified Stations by CMS:	12	Regsitered Nurse :	4		
Peak Authorized Stations Operated:	12	Dialysis Technician :	3		
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	1		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	10	12	10	13	10	0	13	
Number of Patients Treated	21	18	17	25	21	0	27	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information 6,198 Patients treated as of 1/1/2013: 55 In-Center Treatments in calendar year:

(Beginning patients) **Number of Missed Treatments:** 343 **Average Daily Treatments:** Patients treated as of 12/31/2013:

56 Average Treatment Time (min): (Ending patients) 240.0

Total Unduplicated patients 93 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients:	40	Recovered patients:	11	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	5	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	55%
Patients Re-Started:	6	Patients transferred out:	18	Use Rate (including Missed Treatments):	58%
Post-Transplant Patien	1	Patients voluntarily discontinued	7	Use Rate (Begining patients treated):	76%
Total:	52	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	78%
		Patients deceased:	10	Renal Network Use Rate:	76%
		Total:	47		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	75.3%	5.4%	9.7%	5.4%	4.3%	100.0%	0.0%
Patient	70	5	9	5	4	93	0
1/1/2012 to 12/31/2012	57.3%	2.7%	36.1%	0.0%	3.9%	100.0%	0.0%
Net Revenue	\$1,127,999	\$52,576	\$711,303	\$0	\$77,088	\$1,968,966	\$0
Patients by Age and Sex			Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	Σ

<u>Pat</u>	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	1	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	92	
15-44 yr	3	4	7	Black/ African American :	7	Unknown Ethnicity Patients	0	
45-64 yr	10	11	21	Hawaiian /Pacific Islande	1	TOTAL:	93	
65-74 yr	16	16	32	White:	84			
75 < yrs	18	15	33	Unknown:	0			
Total	47	46	93	TOTAL:	93			

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Ownership, Management and General Information

Fresenius Medical Care Willowbrook Name: 6300 Kingery Highway, Ste 408 Address:

Willowbrook City: DuPage County: HSA: Medicare ID: 14-2632

Legal Entity Operator:

WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Regency Centers LP

Other Ownership:

Medical Director Name: Dr. May Chow **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	32		
Certified Stations by CMS:	20	Regsitered Nurse :	4		
Peak Authorized Stations Operated:	20	Dialysis Technician :	10		
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	0		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	2		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	17	0	17	
Number of Patients Treated	27	30	36	44	29	0	43	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 95 In-Center Treatments in calendar year: 11,271 (Beginning patients) **Number of Missed Treatments:** 104

Average Daily Treatments: Patients treated as of 12/31/2013: 73

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 149

treated in calendar year:

LOSSES to the FACILITY USE RATE for the FACILITY ADDITIONS to the FACILITY

New Patients:	34	Recovered patients:	5	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	16	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	60%
Patients Re-Started:	0	Patients transferred out:	50	Use Rate (including Missed Treatments):	61%
Post-Transplant Patien	1	Patients voluntarily discontinued	6	Use Rate (Begining patients treated):	79%
Total:	51	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	61%
		Patients deceased:	6	Renal Network Use Rate:	63%
		Total:	73		

Patients and Net Revenue by Payor Source

		Medica	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		75.2	2%	2.0%	22.1%	0.7%	0.0%	100.0%	0.0%
Patient		1	12	3	33	1	0	149	0
1/1/2012 to	12/31/2012	52.	5%	2.7%	44.7%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$2,645,24	\$13	4,571	\$2,245,316	\$143	\$0	\$5,025,270	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race	1	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	11	Hispanic Latino	Patients:	10
<14 yrs	0	0	0	Native American/ Indian:		0	Non-Hispanic Latino Patien		139
15-44 yr	5	12	17	Black	/ African American :	28	Unknown Ethnic	city Patients	0

<u>1 at</u>	ILCIIIO DA VO	e and Sex		i alients by Nace		i adents by Ethincity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	11	Hispanic Latino Patients:	10		
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	139		
15-44 yr	5	12	17	Black/ African American :	28	Unknown Ethnicity Patients	0		
45-64 yr	27	17	44	Hawaiian /Pacific Islande	1	TOTAL:	149		
65-74 yr	23	17	40	White:	109				
75 < yrs	25	23	48	Unknown:	0				
Total	80	69	149	TOTAL:	149				
15-44 yr 45-64 yr 65-74 yr 75 < yrs	23 25	17 17 23	44 40 48	Black/ African American : Hawaiian /Pacific Islande White: Unknown :	1 109 0	Unknown Ethnicity Patients	0		

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Ownership, Management and General Information

Fresenius Medical Center Chicago Westside Name:

Address: 1340 S. Damen

Chicago City: Cook County: HSA. 6 Medicare ID: 14-2681

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company **Property Owner:** LUI Chicago Hastings, LLC

Other Ownership:

Medical Director Name: Dr. Jose Arruda **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	31	Full-Time Work Week:	32		
Certified Stations by CMS:	31	Regsitered Nurse :	6		
Peak Authorized Stations Operated:	25	Dialysis Technician :	10		
Authorized Stations Setup and Staffed in Oct 1-7:	25	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	2		

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	13	13	13	13	0	13	
Number of Patients Treated	40	45	37	48	37	0	43	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: In-Center Treatments in calendar year: 87 13.053 (Beginning patients) **Number of Missed Treatments:** 334

Average Daily Treatments: Patients treated as of 12/31/2013: 92

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 138 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY

Medicare

USE RATE for the FACILITY New Patients: 27 Recovered patients: 0 Treatment Capacity/year (based on Stations): 29,016 **Transient Patients:** 35 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 45% Patients Re-Started: 1 Patients transferred out: 25 Use Rate (including Missed Treatments): 46% **Post-Transplant Patien** 1 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 47% Total: 64 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 49% Patients deceased: 2 **Renal Network Use Rate:** 52%

> Total: 29

> > Medicaid

Patients and Net Revenue by Payor Source

Private Pay

Other Public

TOTAL

Charity Care

Private Insurance

		47.1	%	31.2%	4.3%	14.5%	2.9%	100.0%	0.0%
Patient		(65	43	6	20	4	138	0
1/1/2012 to	12/31/2012	47.5	%	37.2%	13.8%	0.9%	0.6%	100.0%	0.0%
Net Revenue		\$1,748,904	\$1,36	7,990	\$507,566	\$34,877	\$20,862	\$3,680,200	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	1	Hispanic Latino	Patients:	71
<14 yrs	0	0	0	Native A	merican/ Indian:	1	Non-Hispanic Latino Patien		66
15-44 yr	14	14	28	Black/ A	frican American :	61	Unknown Ethni	city Patients	1
45-64 yr	46	22	68	Hawaiia	n /Pacific Islande	0	TOTAL:		138
65-74 yr	12	14	26	White:		3			
75 < yrs	9	7	16	Unknow	'n:	72			
Total	81	57	138	TOTAL:		138			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Ownership, Management and General Information

GAMBRO Healthcare - Litchfield Name:

915 St. Francis Way Address:

Litchfield City: Montgomery County:

HSA: 3 Medicare ID: 14-2583 **Legal Entity Operator:**

DVA Renal Healthcare, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: St. Francis Hospital of the Hospital Sisters of th

Other Ownership:

Medical Director Name: Xueguang Chen **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	11	Full-Time Work Week:	40	
Certified Stations by CMS:	11	Regsitered Nurse :	2	
Peak Authorized Stations Operated:	11	Dialysis Technician :	3	
Authorized Stations Setup and Staffed in Oct 1-7:	0	Dietician :	0	
	•	0 : 114/ 1	•	

Authorized S Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 2 0 Number of Shifts Operated per day Other Health: Other Non-Health: 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	14	10	14	10	0	14
Number of Patients Treated	20	26	20	27	20	0	28

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 38 6,828 (Beginning patients) **Number of Missed Treatments:** 109 **Average Daily Treatments:** Patients treated as of 12/31/2013: 51

(Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 66 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients:	21	Recovered patients:	0	Treatment Capacity/year (based on Stations):	10,296
Transient Patients:	6	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	66%
Patients Re-Started:	0	Patients transferred out:	4	Use Rate (including Missed Treatments):	67%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	58%
Total:	27	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	77%
		Patients deceased:	9	Renal Network Use Rate:	77%
		Total:	13		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	86.4%	1.5%	12.1%	0.0%	0.0%	100.0%	0.0%
Patient	57	1	8	0	0	66	0
1/1/2013 to 12/31/2013	75.6%	1.4%	21.5%	0.0%	1.5%	100.0%	0.0%
Net Revenue	\$1,238,602	\$22,908	\$352,488	\$0	\$24,927	\$1,638,925	\$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	66
15-44 yr	3	2	5	Black/ African American :	1	Unknown Ethnicity Patients	0
45-64 yr	5	7	12	Hawaiian /Pacific Islande	1	TOTAL:	66
65-74 yr	8	12	20	White:	64		
75 < yrs	15	14	29	Unknown:	0		
Total	31	35	66	TOTAL:	66		

Ownership, Management and General Information

GAMBRO Healthcare - Taylorville Name:

901 West Spresser Address:

Taylorville City: Christian County:

HSA: 3 Medicare ID: 14-2587 **Legal Entity Operator:**

DVA Renal Healthcare, INC.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Richmar LLC

Other Ownership:

Medical Director Name: Pradeep Mehta **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	10	Full-Time Work Week:	40	
Certified Stations by CMS:	10	Regsitered Nurse :	2	
Peak Authorized Stations Operated:	10	Dialysis Technician :	5	
Authorized Stations Setup and Staffed in Oct 1-7:	10	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	0	
Dialysis Station Uti	ilization for the We	eek of Oct 1 - 7		

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	11	11	11	11	11	0	11	
Number of Patients Treated	19	20	18	20	19	0	19	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 31

5,381 (Beginning patients) **Number of Missed Treatments:** 252 **Average Daily Treatments:** Patients treated as of 12/31/2013:

40 (Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 56 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	24	Recovered patients:	0	Treatment Capacity/year (based on Stations):	9,360
Transient Patients:	2	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	57%
Patients Re-Started:	5	Patients transferred out:	3	Use Rate (including Missed Treatments):	60%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	52%
Total:	32	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	67%
		Patients deceased:	6	Renal Network Use Rate:	67%
		Total:	9		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	87.3%	1.8%	5.5%	1.8%	3.6%	100.0%	1.8%
Patient	48	1	3	1	2	55	1
1/1/2013 to 12/31/2013	70.4%	0.9%	22.8%	0.5%	5.3%	100.0%	0.5%
Net Revenue	\$938,726	\$12,170	\$303,451	\$7,276	\$70,962	\$1,332,585	\$7,276

Patients by Age and Sex			Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	56	
15-44 yr	2	2	4	Black/ African American :	0	Unknown Ethnicity Patients	0	
45-64 yr	9	6	15	Hawaiian /Pacific Islande	0	TOTAL:	56	
65-74 yr	7	4	11	White:	56			
75 < yrs	15	11	26	Unknown:	0			
Total	33	23	56	TOTAL:	56			

Ownership, Management and General Information

Name: Garfield Kidney Center

Address: 3250 West Franklin
City: Chicago

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2646

Legal Entity Operator: Total Renal Care

Legal Entity Owner:

Ownership Type: For Profit Corporation Property Owner: Tota Rena Care Inc.

Other Ownership:

Medical Director Name: Ogbonnaya Aneziokoro

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	40	
Certified Stations by CMS:	16	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	16	Dialysis Technician :	8	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1	
(subset of authorized stations)		LPN:	1	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	3	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	14	14	14	14	0	14	
Number of Patients Treated	46	48	43	49	45	0	51	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 98 In-Center Treatments in calendar year: 18,262 (Beginning patients) Number of Missed Treatments: 440

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 102 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	0	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	122%
Patients Re-Started:	0	Patients transferred out:	0	Use Rate (including Missed Treatments):	125%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	102%
Total:	0	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	106%
		Patients deceased:	0	Renal Network Use Rate:	106%
		Total:	0		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	66.3%	30.7%	3.0%	0.0%	0.0%	100.0%	1.0%
Patient	67	31	3	0	0	101	1
1/1/2013 to 12/31/2013	64.4%	6.0%	27.2%	2.5%	0.0%	100.0%	2.5%
Net Revenue	\$184,332	\$17,229	\$77,795	\$7,090	\$0	\$286,447	\$7,090
Patients by Age	and Sex		Patients by Race	2	<u>Pati</u>	ents by Ethnicity	<u> </u>
GE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	6	Hispanic Latino	Patients:	35

<u>Pat</u>	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	6	Hispanic Latino Patients:	35	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	67	
15-44 yr	8	2	10	Black/ African American :	53	Unknown Ethnicity Patients	0	
45-64 yr	13	8	21	Hawaiian /Pacific Islande	0	TOTAL:	102	
65-74 yr	32	28	60	White:	43			
75 < yrs	7	4	11	Unknown:	0			
Total	60	42	102	TOTAL:	102			

Some patient data (page 3) unavaiable prior to Davita acquisition in January 2014

Ownership, Management and General Information

Grand Crossing Dialysis Name:

7319 South Cottage Grove Avenue Address:

City: Cook County: HSA:

Medicare ID:

Chicago

6 14-2728 **Legal Entity Operator:**

Total Renal Care Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Mao s. Mei

Other Ownership:

Medical Director Name: Mohamed M. Salem **Provides Incenter Noctural Dialysis:**

Other Non-Health:

4

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	40	
Certified Stations by CMS:	12	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	12	Dialysis Technician :	6	
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	18	15	18	15	0	15
Number of Patients Treated	19	31	20	34	18	0	33

Facility Utilization Information

Facility Reported Treatment Information Facility Reported Patient Information

Patients treated as of 1/1/2013: 74 In-Center Treatments in calendar year: 8.204 (Beginning patients) **Number of Missed Treatments:** 1,335

Average Daily Treatments: Patients treated as of 12/31/2013: 57 (Ending patients) Average Treatment Time (min): 208.0

Total Unduplicated patients 56 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY

USE RATE for the FACILITY New Patients: 36 Recovered patients: 1 Treatment Capacity/year (based on Stations): 11,232 22 3 **Transient Patients: Transplant Recipients:** Use Rate (Treatments/Treatment capacity): 73% Patients Re-Started: 0 Patients transferred out: 65 Use Rate (including Missed Treatments): 85% **Post-Transplant Patien** 1 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 103% Total: 59 Patients lost to follow up: 1 Use Rate (Year end Patients/Stations*6): 79% Patients deceased: 9 **Renal Network Use Rate:** 79% Total: 79

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	0.0%	87.5%	12.5%	0.0%	0.0%	100.0%	0.0%
Patient	0	49	7	0	0	56	0
1/1/2013 to 12/31/2013 Net Revenue	<i>42.9%</i> \$1,165,259	6.6% \$180,265	<i>44.</i> 7% \$1,214,925	<i>4.8%</i> \$131,319	1.0% \$26,770	100.0% \$2,718,538	<i>4.8%</i> \$131,319

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	55
15-44 yr	3	5	8	Black/ African American :	55	Unknown Ethnicity Patients	0
45-64 yr	19	8	27	Hawaiian /Pacific Islande	0	TOTAL:	56
65-74 yr	6	4	10	White:	1		
75 < yrs	3	8	11	Unknown:	0		
Total	31	25	56	TOTAL:	56		

Ownership, Management and General Information

Granite City Dialysis Name: 9 American Village Address:

Granite City City: Madison County: HSA: **Medicare ID:** 14-2537

Legal Entity Operator:

Renal Treatment Centers-Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation Central Plaza Partners **Property Owner:**

Other Ownership:

Medical Director Name: Dr. Kenneth Gerdes **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME I	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	32
Certified Stations by CMS:	20	Regsitered Nurse :	2
Peak Authorized Stations Operated:	20	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	0
Isolation Stations Set up in Oct 1-7:	20	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2
<u>Dialysis Station Uti</u>	ilization for the We	eek of Oct 1 - 7	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	11	11	11	11	11	0	11	
Number of Patients Treated	31	38	32	37	33	0	38	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 74 10,311 (Beginning patients) **Number of Missed Treatments:** 826 **Average Daily Treatments:** Patients treated as of 12/31/2013:

79 (Ending patients) Average Treatment Time (min): 215.0

Total Unduplicated patients 107 treated in calendar year:

13

61

10

46

23

107

75 < yrs

Total

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the PAC	<u>/ L </u>	LOGGED to the LAGIETT		USE RATE TOT THE PACIENT	
New Patients:	28	Recovered patients:	2	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	2	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	55%
Patients Re-Started:	0	Patients transferred out:	12	Use Rate (including Missed Treatments):	59%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	62%
Total:	30	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	66%
		Patients deceased:	12	Renal Network Use Rate:	66%
		Total:	31		

Patients and Net Revenue by Payor Source

		Medic	are	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		69	.2%	17.8%	9.3%	3.7%	0.0%	100.0%	0.0%
Patient			74	19	10	4	0	107	0
1/1/2013 to 1	2/31/2013	56	.2%	7.8%	27.6%	0.0%	8.4%	100.0%	0.0%
Net Revenue		\$1,666,30)4 \$	230,511	\$818,035	\$0	\$248,362	\$2,963,213	\$0
Pat	ients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	10
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	97
15-44 yr	9	6	15	Black	/ African American :	37	Unknown Ethnic	city Patients	0
45-64 yr	26	18	44	Hawa	iian /Pacific Islande	0	TOTAL:		107
65-74 yr	13	12	25	White) :	70			

0

107

Source: Data based on 2013 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

Unknown:

TOTAL:

Ownership, Management and General Information

Name: Highland Park Hospital Dialysis Unit

Address: 777 Park Ave West City: Highland Park

County: Lake HSA: 8 Medicare ID: 14-2336 Legal Entity Operator:

Northshore Univeersity Healthsystem

Legal Entity Owner:

Ownership Type: Other Not for Profit Corp

Property Owner: Northshore University healthsystem

Other Ownership:

Medical Director Name: Dr. Nancy Nora

Provides Incenter Noctural Dialysis:

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				Patients	and Net Revenue by F	ayor Source			
		Medic	are	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		84	.8%	8.3%	6.9%	0.0%	0.0%	100.0%	0.0%
Patient			123	12	10	0	0	145	0
10/1/2012 to	9/30/2013	72	.8%	3.5%	22.9%	0.8%	0.0%	100.0%	3.5%
Net Revenue	•	\$3,032,06	65 \$ ²	146,687	\$956,290	\$32,734	\$0	\$4,167,776	\$144,387
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	2	Hispanic Latino	Patients:	12
<14 yrs	0	0	0	Native	e American/ Indian:	0	Non-Hispanic La	atino Patien	133
15-44 yr	4	2	6	Black	/ African American :	25	Unknown Ethni	city Patients	0
45-64 yr	12	22	34	Hawa	iian /Pacific Islande	1	TOTAL:		145
65-74 yr	13	19	32	White	:	117			
75 < yrs	34	39	73	Unkn	own :	0			
Total	63	82	145	TOTA	L:	145			

Ownership, Management and General Information

Name: Illini Renal Dialysis
Address: 507 E. University Avenue

City: Champaign County: Champaign

HSA: 4

Medicare ID: 14-2633

Legal Entity Operator:

DVA Renal Heathcare, INC

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Barr Real Estate

Other Ownership:

Medical Director Name: Dr. Attia, Abdel-Moneim

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	11	Full-Time Work Week:	32
Certified Stations by CMS:	11	Regsitered Nurse :	4
Peak Authorized Stations Operated:	11	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	11	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	14	10	14	12	0	14	
Number of Patients Treated	18	26	15	26	16	0	25	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 43 In-Center Treatments in calendar year: 6,710 (Beginning patients) Number of Missed Treatments: 287

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 225.0

Total Unduplicated patients 102

treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY

ABBITION O UTO I AUGIETI I				<u> </u>				
New Patients:	36	Recovered patients:	8	Treatment Capacity/year (based on Stations):	10,296			
Transient Patients:	29	Transplant Recipients:	8	Use Rate (Treatments/Treatment capacity):	65%			
Patients Re-Started:	1	Patients transferred out:	15	Use Rate (including Missed Treatments):	68%			
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	65%			
Total:	66	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	70%			
		Patients deceased:	15	Renal Network Use Rate:	70%			
		Total:	46					

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	68.6%	6.9%	15.7%	0.0%	8.8%	100.0%	0.0%
Patient	70	7	16	0	9	102	0
1/1/2013 to 12/31/2013	42.8%	3.8%	41.2%	0.0%	12.2%	100.0%	0.0%
Net Revenue	\$1,108,666	\$97,736	\$1,067,583	\$0	\$317,267	\$2,591,251	\$0
Patients by Age	and Sex		Patients by Race	<u> </u>	<u>Pat</u>	ients by Ethnicity	!
GE GROUPS MALE	FEMALE TOT	ΔI Asian	Patients:	1	Hispanic Latino	Patients:	4

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	4
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	97
15-44 yr	8	4	12	Black/ African American :	38	Unknown Ethnicity Patients	1
45-64 yr	26	18	44	Hawaiian /Pacific Islande	0	TOTAL:	102
65-74 yr	8	8	16	White:	58		
75 < yrs	12	18	30	Unknown:	4		
Total	54	48	102	TOTAL:	102		

Ownership, Management and General Information

Jacksonville Dialysis Name: 1515 West Walnut Address:

Jacksonville

City: Morgan County: HSA: 3 **Medicare ID:** 14-2581 **Legal Entity Operator:**

DVA Renal Healthcare, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: DaVita, Inc.

Other Ownership:

Medical Director Name: Lawrence Smith, MD **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	14	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	2
Peak Authorized Stations Operated:	14	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	13	12	13	12	0	13
Number of Patients Treated	23	25	23	26	25	0	27

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 47 7,306 (Beginning patients) **Number of Missed Treatments:** 307 **Average Daily Treatments:** Patients treated as of 12/31/2013:

53 (Ending patients) Average Treatment Time (min): 216.0

Total Unduplicated patients 76 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY		LOSSES to the FACILITY	USE RATE for the FACILITY				
New Patients:	19	Recovered patients:	1	Treatment Capacity/year (based on Stations):	13,104		
Transient Patients:	1	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	56%		
Patients Re-Started:	1	Patients transferred out:	2	Use Rate (including Missed Treatments):	58%		
Post-Transplant Patien	0	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	56%		
Total:	21	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	63%		
		Patients deceased:	5	Renal Network Use Rate:	63%		
		Total:	12				

Patients and Net Revenue by Payor Source

		Medica	re M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		88.2	2%	5.3%	6.6%	0.0%	0.0%	100.0%	0.0%
Patient		(67	4	5	0	0	76	0
1/1/2013 to	12/31/2013	69.9	0%	1.7%	27.2%	0.0%	1.2%	100.0%	0.0%
Net Revenue		\$1,299,571	\$3	31,370	\$505,720	\$0	\$22,103	\$1,858,765	\$0
Pat	Patients by Age and Sex Patients by Race				<u>e</u>	<u>Pat</u>	ients by Ethnicit	<u></u>	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	1	Hispanic Latino	Patients:	2
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	74
15-44 yr	2	1	3	Black	/ African American :	4	Unknown Ethni	city Patients	0
45-64 yr	21	16	37	Hawa	iian /Pacific Islande	0	TOTAL:		76
65-74 yr	11	7	18	White) :	71			
75 < yrs	11	7	18	Unkn	own :	0			
Total	45	31	76	TOTA	۱L:	76			

Ownership, Management and General Information

Name: Address:

JCH Dialysis Center 917 S. State Street

Jerseyville City: Jersey County:

HSA: 3 Medicare ID: 14-2636 **Legal Entity Operator:**

Total Renal Care, INC

Legal Entity Owner:

Ownership Type:

For Profit Corporation **Property Owner:** Raul J. Walters dba Jerseyville Mall

Other Ownership:

Medical Director Name: Meher Mallick **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	7	Full-Time Work Week:	40	
Certified Stations by CMS:	7	Regsitered Nurse :	2	
Dools Authorized Stations Operated:	7	Dielusia Taabaiaian .	1	

Certified Stati Peak Authorized Stations Operated: Dialysis Technician: Authorized Stations Setup and Staffed in Oct 1-7: 7 Dietician: 0 Isolation Stations Set up in Oct 1-7: Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	12	0	12
Number of Patients Treated	12	16	11	17	11	0	15

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 33 4,628 (Beginning patients) **Number of Missed Treatments:** 2

Average Daily Treatments: Patients treated as of 12/31/2013: 30 (Ending patients) Average Treatment Time (min): 226.0

LOCCEC to the EACH ITY

Total Unduplicated patients 50 treated in calendar year:

ADDITIONS to the FACILITY

ADDITIONS to the FAC	<u> ILITY</u>	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	15	Recovered patients:	4	Treatment Capacity/year (based on Stations):	6,552
Transient Patients:	2	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	71%
Patients Re-Started:	0	Patients transferred out:	10	Use Rate (including Missed Treatments):	71%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	79%
Total:	17	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	71%
		Patients deceased:	6	Renal Network Use Rate:	71%
		Total:	20		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	84.0%	0.0%	12.0%	0.0%	4.0%	100.0%	0.0%
Patient	42	0	6	0	2	50	0
1/1/2013 to 12/31/2013	48.1%	0.2%	45.3%	0.1%	6.3%	100.0%	0.1%
Net Revenue	\$789,873	\$2,496	\$745,311	\$1,747	\$104,110	\$1,643,537	\$1,747

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	50
15-44 yr	2	2	4	Black/ African American :	1	Unknown Ethnicity Patients	0
45-64 yr	7	6	13	Hawaiian /Pacific Islande	0	TOTAL:	50
65-74 yr	8	9	17	White:	49		
75 < yrs	7	9	16	Unknown:	0		
Total	24	26	50	TOTAL:	50		

Ownership, Management and General Information

Name: John H. Stroger Hospital of Cook County Dialysis

Address: 1901 West Harrison

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2313

Legal Entity Operator:

Cook County Health and Hospitals System

Legal Entity Owner:

Ownership Type: County

Property Owner: John H. Stroger, Jr. Hospital

Other Ownership:

Medical Director Name: Kalyani Perumal, MD Provides Incenter Noctural Dialysis:

STATION INFORMATIO	<u>N</u>			FACILITY	STAFFING	- FULL TIM	E EQUIVALE	<u>ENT</u>
Authorized Stations as of 12/31/2013:	8		Full-Time Work Week:				40	
Certified Stations by CMS:	8		Regsitered Nurse :			8		
Peak Authorized Stations Operated:	8		Dialysis Technician :			0		
Authorized Stations Setup and Staffed in Oct	1-7:	8		Dietician :			1	
Isolation Stations Set up in Oct 1-7:		1		Social Worker:			1	
(subset of authorized stations)				LPN:			2	
Number of Shifts Operated per day			Other Health :			1		
				Other Non-Health:				0
<u>Dialysi</u> :	s Station Utili	zation for th	ne Week of	Oct 1 - 7				
Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	16	0	16	
Number of Patients Treated	26	26	26	26	26	0	24	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 33 In-Center Treatments in calendar year: 4,796 (Beginning patients) Number of Missed Treatments: 24

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min):
210.0

Total Unduplicated patients 151

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

Recovered patients: **New Patients:** 70 0 Treatment Capacity/year (based on Stations): 7,488 **Transient Patients:** 0 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 64% Patients Re-Started: 2 Patients transferred out: 64 Use Rate (including Missed Treatments): 64% **Post-Transplant Patien** 2 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 69% Total: 74 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 48% Patients deceased: 2 **Renal Network Use Rate:** 48%

Total: 66

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	9.8%	53.3%	5.4%	30.4%	1.1%	100.0%	64.1%
Patient	9	49	5	28	1	92	59
12/1/2011 to 11/30/2012	13.0%	32.3%	4.0%	0.0%	50.7%	100.0%	46.1%
Net Revenue	\$65,114,712	\$161,663,943	\$19,774,587	\$0	\$253,585,504	\$500,138,746	\$230,648,488

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	10	Hispanic Latino Patients:	77
<14 yrs	0	0	0	Native American/ Indian:	40	Non-Hispanic Latino Patien	74
15-44 yr	27	21	48	Black/ African American :	53	Unknown Ethnicity Patients	0
45-64 yr	38	33	71	Hawaiian /Pacific Islande	2	TOTAL:	151
65-74 yr	6	16	22	White:	26		
75 < yrs	5	5	10	Unknown:	20		
Total	76	75	151	TOTAL:	151		

Ownership, Management and General Information

Kankakee County Dialysis Name: 581 William Latham Drive Address:

Bourbonnais City: Kankakee County:

HSA: 9

Medicare ID: 14-2685 **Legal Entity Operator:**

ISD Renal Inc. fka DSI Renal Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Ahmed Zaheer

Other Ownership:

Medical Director Name: Dr. Nashib Hashmi **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	40	
Certified Stations by CMS:	12	Regsitered Nurse :	2	
Peak Authorized Stations Operated:	12	Dialysis Technician :	3	
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1	

Peak Authorized St Authorized Stations Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	10	0	10
Number of Patients Treated	20	20	19	21	22	0	23

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 46 In-Center Treatments in calendar year: 6,835 (Beginning patients) **Number of Missed Treatments:** 0

Average Daily Treatments: Patients treated as of 12/31/2013: 49 (Ending patients) Average Treatment Time (min): 180.0

Total Unduplicated patients 83 treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	30	Recovered patients:	4	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	5	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	61%
Patients Re-Started:	2	Patients transferred out:	14	Use Rate (including Missed Treatments):	61%
Post-Transplant Patien	0	Patients voluntarily discontinued	8	Use Rate (Begining patients treated):	64%
Total:	37	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	68%
		Patients deceased:	8	Renal Network Use Rate:	68%
		Total:	36		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	86.7%	1.2%	7.2%	0.0%	4.8%	100.0%	0.0%
Patient	72	1	6	0	4	83	0
1/1/2013 to 12/31/2013 Net Revenue	<i>58.7%</i> \$1.220.220	<i>1.0%</i> \$19.996	29.5% \$614.192	<i>0.9%</i> \$17.705	10.0% \$206,993	100.0% \$2,079,105	<i>0.9%</i> \$17,706

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	75
15-44 yr	4	3	7	Black/ African American :	32	Unknown Ethnicity Patients	6
45-64 yr	19	8	27	Hawaiian /Pacific Islande	0	TOTAL:	83
65-74 yr	11	11	22	White:	45		
75 < yrs	12	15	27	Unknown:	6		
Total	46	37	83	TOTAL:	83		

Ownership, Management and General Information

Lake Park Dialysis Name:

43rd & South Cottage Grove Address:

14-2717

Chicago City: Cook County: HSA: 6

Medicare ID:

Total Renal Care **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** South Central Medical

Other Ownership:

Medical Director Name: Bharathi Reddy, MD **Provides Incenter Noctural Dialysis:**

61

54

0

61

240.0

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT					
Authorized Stations as of 12/31/2013:		Full-Tim	e Work Wee	ek:		40	
Certified Stations by CMS:	32		Regsiter	ed Nurse :			7
Peak Authorized Stations Operated:	32		Dialysis	Technician	:		14
Authorized Stations Setup and Staffed in Oct 1-7:	32		Dieticiar	n :			1
Isolation Stations Set up in Oct 1-7:	2		Social Worker:				1
(subset of authorized stations)			LPN:				1
Number of Shifts Operated per day			Other Ho	ealth :			1
			Other No	on-Health:			2
<u>Dialysis Station Ut</u>	ilization for th	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 12	16	12	16	12	0	16	

54

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

53

Patients treated as of 1/1/2013: 189 In-Center Treatments in calendar year: 21,379 (Beginning patients) **Number of Missed Treatments:** 642 **Average Daily Treatments:** Patients treated as of 12/31/2013:

121 (Ending patients) Average Treatment Time (min):

54

Total Unduplicated patients 121 treated in calendar year:

Number of Patients Treated

LOSSES to the FACILITY ADDITIONS to the FACILITY

USE RATE for the FACILITY Recovered patients: 2 **New Patients:** 38 Treatment Capacity/year (based on Stations): 29,952 5 Use Rate (Treatments/Treatment capacity): **Transient Patients:** 6 **Transplant Recipients:** 71% Patients Re-Started: 1 Patients transferred out: 101 Use Rate (including Missed Treatments): 74% **Post-Transplant Patien** 2 Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 98% Total: 47 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 63% Patients deceased: 110 **Renal Network Use Rate:** 58% Total: 219

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	77.7%	18.2%	4.1%	0.0%	0.0%	100.0%	0.0%
Patient	94	22	5	0	0	121	0
1/1/2013 to 12/31/2013	65.4%	7.1%	20.8%	3.2%	3.5%	100.0%	3.2%
Net Revenue	\$1,516,324	\$164,284	\$481,364	\$73,764	\$81,634	\$2,317,370	\$73,764

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	4
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	117
15-44 yr	13	14	27	Black/ African American :	115	Unknown Ethnicity Patients	0
45-64 yr	21	24	45	Hawaiian /Pacific Islande	0	TOTAL:	121
65-74 yr	12	14	26	White:	2		
75 < yrs	7	16	23	Unknown:	4		
Total	53	68	121	TOTAL:	121		

Ownership, Management and General Information

Name: Lake Villa Dialysis

Address: 37809 North IL Route 59

City: Lake Villa
County: Lake
HSA: 8
Medicare ID: 14-2666

Legal Entity Operator:

RENAL TREATMENT CENTER- ILLINOIS, INC.

0

0

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: OMAR DALLOUL

Other Ownership:

Medical Director Name: OMAR DALLOUL Provides Incenter Noctural Dialysis:

STATION INFORMATION	STATION INFORMATION						ENT
Authorized Stations as of 12/31/2013:	Authorized Stations as of 12/31/2013: 12 Full-Time Work Week:						40
Certified Stations by CMS:	12		Regsiter	ed Nurse :			1
Peak Authorized Stations Operated:	12		Dialysis	Technician	:		4
Authorized Stations Setup and Staffed in Oct 1-7:	12		Dieticiar	١:		0	
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				0
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other He	ealth:			0
			Other No	on-Health:			0
<u>Dialysis Station Ut</u>	ilization for th	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 7	14	7	14	7	0	14	

0

0

0

Facility Utilization Information

Facility Reported Patient Information	Facility Reported Treatment Information
<u>i acinty reported i attent information</u>	<u>i acinty reported freatment information</u>

0

Patients treated as of 1/1/2013: 37 In-Center Treatments in calendar year: 5,381 (Beginning patients) Number of Missed Treatments: 112 Patients treated as of 12/31/2013: 40 Average Daily Treatments: 240.0

Total Unduplicated patients 65 treated in calendar year:

Number of Patients Treated

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
---------------------------	------------------------	---------------------------

0

New Patients: 22 Recovered patients: 4 Treatment Capacity/year (based on Stations): 11,232 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): **Transient Patients:** 10 48% Patients Re-Started: 2 Patients transferred out: 16 **Use Rate (including Missed Treatments):** 49% **Post-Transplant Patien** 0 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 51% Total: 34 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 56% Patients deceased: 5 **Renal Network Use Rate:** 54% Total: 31

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	90.6%	3.1%	6.3%	0.0%	0.0%	100.0%	1.6%
Patient	58	2	4	0	0	64	1
1/1/2013 to 12/31/2013	52.2%	2.0%	41.0%	1.0%	3.7%	100.0%	1.0%
Net Revenue	\$964,377	\$37,772	\$756,675	\$18,130	\$69,179	\$1,846,133	\$18,130
		ı		1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	13
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	52
15-44 yr	3	4	7	Black/ African American :	3	Unknown Ethnicity Patients	0
45-64 yr	7	6	13	Hawaiian /Pacific Islande	0	TOTAL:	65
65-74 yr	18	13	31	White:	48		
75 < yrs	10	4	14	Unknown:	13		
Total	38	27	65	TOTAL:	65		

Ownership, Management and General Information

Lawndale Dialysis Name: 3934 West 24th Street Address:

Chicago City: Cook County: HSA: 6 **Medicare ID:** 14-2768

Legal Entity Operator:

Cowell Dialysis, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Partner **Property Owner:** SDO Development LLC

Other Ownership:

Medical Director Name: Dr. Ogbonnaya Aneziokoro

Provides Incenter Noctural Dialysis:

STATION INFORMATION			FACILITY	STAFFING	- FULL TIM	E EQUIVAL	<u>ENT</u>
Authorized Stations as of 12/31/2013:	16		Full-Time Work Week:				40
Certified Stations by CMS:	0		Regsitered Nurse :				1
Peak Authorized Stations Operated:	1		Dialysis	Technician	:		1
Authorized Stations Setup and Staffed in Oct 1-7:	1	1 Dietician :					0
solation Stations Set up in Oct 1-7: 0 Social Worker:					0		
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other Health :			0	
			Other No	on-Health:			0
<u>Dialysis Station</u>	Utilization for	the Week of	Oct 1 - 7				
Date of Operation Oct	1 Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0 0	0	0	0	0	5	

Facility Utilization Information

Facility Reported Patient Information

Modicaro

0

Number of Patients Treated

0

Facility Reported Treatment Information

0

Patients treated as of 1/1/2013: (Beginning patients)

In-Center Treatments in calendar year: 1 **Number of Missed Treatments:**

Patients treated as of 12/31/2013: (Ending patients)

Average Daily Treatments:

Private Pav

Average Treatment Time (min):

195.0

TOTAL

Charity Care

38

0

1

Total Unduplicated patients

treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY

0

New Patients: Transient Patients: 0 Patients Re-Started: 0 **Post-Transplant Patien** 0 Total:

Total

Recovered patients: 0 **Transplant Recipients:** 0 Patients transferred out: 0 Patients voluntarily discontinued 0 Patients lost to follow up: 0 Patients deceased: 0 Total: 0

Medicaid

TOTAL:

1

1

0

Treatment Capacity/year (based on Stations): 14,976 Use Rate (Treatments/Treatment capacity): 0% Use Rate (including Missed Treatments): 0% Use Rate (Begining patients treated): 1% Use Rate (Year end Patients/Stations*6): 1% **Renal Network Use Rate:** 1%

Other Public

Patients and Net Revenue by Payor Source

Private Insurance

		Wedi	care i	neuicaiu	Filvate ilisurance	riivale ray	Other Fublic	IOIAL	Charity Care
		C	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Patient			0	0	1	0	0	1	0
10/7/2013 to	12/31/2013	C	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Net Revenue			\$0	\$0	\$53,922	\$0	\$0	\$53,922	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	Patie	ents by Ethnicit	ν
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino I	Patients:	1
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	tino Patien	0
15-44 yr	1	0	1	Black	/ African American :	0	Unknown Ethnici	ity Patients	0
45-64 yr	0	0	0	Hawa	iian /Pacific Islande	0	TOTAL:		1
65-74 yr	0	0	0	White) :	1			
75 < yrs	0	0	0	Unkn	own:	0			

Ownership, Management and General Information

Name:

Lincoln Dialysis

Address:

2100 West 5th Street

City: County: Lincoln Logan

HSA: 3 Medicare ID: 14-2582 **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type:

For Profit Corporation

DaVita

Rick Sheley

Property Owner: Other Ownership:

Medical Director Name: Allen S. Krall **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2013:	14	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	2
Peak Authorized Stations Operated:	14	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	12	0	12	0	0	12
Number of Patients Treated	0	22	0	21	0	0	22

Facility Utilization Information

Facility Reported Patient Information

Facility Reported Treatment Information

3,686

59

210.0

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 24 (Beginning patients) **Number of Missed Treatments:**

Average Daily Treatments: Patients treated as of 12/31/2013: 23 Average Treatment Time (min):

(Ending patients) 24

Total Unduplicated patients treated in calendar year:

LOSSES to the FACILITY **USE RATE for the FACILITY** ADDITIONS to the FACILITY

ABBITIONS to the 17to	<u> </u>			002 10/112 10/ 1/10 1/10/2/11	
New Patients:	15	Recovered patients:	2	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	5	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	28%
Patients Re-Started:	1	Patients transferred out:	9	Use Rate (including Missed Treatments):	29%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	29%
Total:	21	Patients lost to follow up:	3	Use Rate (Year end Patients/Stations*6):	27%
		Patients deceased:	2	Renal Network Use Rate:	27%
		Total:	21		

Patients and Net Revenue by Payor Source

Patient 24 0 0 0 0	100.00						•
	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
1/1/2012 to 12/31/2012 90.50/ 2.70/ 2.00/ 1.20/ 2.70/ 1	24	. 0	0	0	0	24	0
			2.9% \$25,037	<i>1.3%</i> \$11,217	2.7% \$23,753	100.0% \$873,798	<i>1.3%</i> \$11,217

Patients by Age and Sex			Patients by Race	<u>Patients by Ethnicity</u>			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	24
15-44 yr	1	1	2	Black/ African American :	1	Unknown Ethnicity Patients	0
45-64 yr	8	2	10	Hawaiian /Pacific Islande	0	TOTAL:	24
65-74 yr	5	4	9	White:	23		
75 < yrs	0	3	3	Unknown:	0		
Total	14	10	24	TOTAL:	24		

Ownership, Management and General Information

Name: Loyola Center for Dialysis on Roosevelt

Address: 1201 W. Roosevelt Road

 City:
 Maywood

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-0276

Legal Entity Operator:

Loyola University Medical Center

Legal Entity Owner:

Ownership Type: Other Not for Profit Corp
Property Owner: Loyola University Medical Center

Other Ownership:

Medical Director Name: Vinod Bansal, MD Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME I	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2013:	31	Full-Time Work Week:	40
Certified Stations by CMS:	31	Regsitered Nurse :	11
Peak Authorized Stations Operated:	31	Dialysis Technician :	14
Authorized Stations Setup and Staffed in Oct 1-7:	30	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	3

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	16	0	16	
Number of Patients Treated	59	67	59	64	68	0	68	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 127 In-Center Treatments in calendar year: 27,545 (Beginning patients) Number of Missed Treatments: 394

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 240.0

Total Unduplicated patients 175 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONO to the I Ac	<u> </u>			OOL HATE TOT THE TAGILITY	
New Patients:	47	Recovered patients:	2	Treatment Capacity/year (based on Stations):	29,016
Transient Patients:	5	Transplant Recipients:	9	Use Rate (Treatments/Treatment capacity):	95%
Patients Re-Started:	1	Patients transferred out:	22	Use Rate (including Missed Treatments):	96%
Post-Transplant Patien	5	Patients voluntarily discontinued	5	Use Rate (Begining patients treated):	68%
Total:	58	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	67%
		Patients deceased:	14	Renal Network Use Rate:	66%

Total: 52

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	78.3%	7.4%	13.7%	0.6%	0.0%	100.0%	0.0%
Patient	137	13	24	1	0	175	0
7/1/2012 to 6/30/2013	37.5%	8.0%	45.4%	5.8%	3.3%	100.0%	2.1%
Net Revenue	\$285,933,000	\$61,296,000	\$346,394,000	\$44,541,000	\$25,014,000	\$763,178,000	\$15,683,254

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	8	Hispanic Latino Patients:	33
<14 yrs	1	1	2	Native American/ Indian:	0	Non-Hispanic Latino Patien	142
15-44 yr	17	11	28	Black/ African American :	101	Unknown Ethnicity Patients	0
45-64 yr	26	34	60	Hawaiian /Pacific Islande	0	TOTAL:	175
65-74 yr	20	30	50	White:	66		
75 < yrs	14	21	35	Unknown:	0		
Total	78	97	175	TOTAL:	175		

Ownership, Management and General Information

Manteno Dialysis Centre Name:

1 East Division Address:

Manteno City:

Kankakee County:

HSA:

Medicare ID: 14-2671 **Legal Entity Operator:**

Kankakee Valley Dialysis Network dba Manteno Dia

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Jerry Curwick

Other Ownership:

Medical Director Name: Dr. Paritosh Tiwari **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2013:	15	Full-Time Work Week:	40
Certified Stations by CMS:	15	Regsitered Nurse :	3
Peak Authorized Stations Operated:	15	Dialysis Technician :	0
Authorized Stations Setup and Staffed in Oct 1-7:	15	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	3
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	15.5	0	15.5	0	0	15.5
Number of Patients Treated	0	39	0	42	0	0	41

Facility Utilization Information

Facility Reported Patient Information	Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 38 5,893 (Beginning patients) **Number of Missed Treatments:** 108 **Average Daily Treatments:** Patients treated as of 12/31/2013:

45 (Ending patients) Average Treatment Time (min): 211.0

Total Unduplicated patients 65 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	22	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,040
Transient Patients:	4	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	42%
Patients Re-Started:	0	Patients transferred out:	9	Use Rate (including Missed Treatments):	43%
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	42%
Total:	27	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	50%
		Patients deceased:	7	Renal Network Use Rate:	50%
		Total:	20		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	92.3%	4.6%	3.1%	0.0%	0.0%	100.0%	0.0%
Patient	60	3	2	0	0	65	0
1/1/2013 to 12/31/2013	83.6%	3.8%	12.6%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$1,538,216	\$69,821	\$232,081	\$0	\$0	\$1,840,118	\$0
		i		1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	63
15-44 yr	2	2	4	Black/ African American :	14	Unknown Ethnicity Patients	0
45-64 yr	17	6	23	Hawaiian /Pacific Islande	0	TOTAL:	65
65-74 yr	8	8	16	White:	51		
75 < yrs	13	9	22	Unknown:	0		
Total	40	25	65	TOTAL:	65		

Ownership, Management and General Information

Name:

Marion Dialysis

Address:

324 South 4th Street

City: County: Marion Williamson

HSA:

5 Medicare ID: 14-2570 **Legal Entity Operator:**

DaVita Healthcare Partners, Inc.

V

Legal Entity Owner:

For Profit Corporation Ownership Type: **Property Owner:** Steven J. Zelman

Other Ownership:

Medical Director Name: Kevin Chen

Provides Incenter Noctural Dialysis:

STATION INFORMATION **FACILITY STAFFING - FULL TIME EQUIVALENT**

Authorized Stations as of 12/31/2013:	13	Full-Time Work Week:	40
Certified Stations by CMS:	13	Regsitered Nurse :	5
Peak Authorized Stations Operated:	13	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	10	23	10	23	10	0	23	
Number of Patients Treated	22	33	19	35	19	0	36	

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2013: 57

(Beginning patients)

Patients treated as of 12/31/2013:

(Ending patients) **Total Unduplicated patients**

treated in calendar year:

Facility Reported Treatment Information

211

12,168

65%

67%

73%

67%

67%

In-Center Treatments in calendar year: 7.888

Number of Missed Treatments:

Average Daily Treatments:

Average Treatment Time (min): 210.0

LOSSES to the FACILITY ADDITIONS to the FACILITY

New Patients: 18 **Transient Patients:** 5 Patients Re-Started: 2 **Post-Transplant Patien** Total: 26

Recovered patients: 5 **Transplant Recipients:** 0 Patients transferred out: 8 Patients voluntarily discontinued 0 Patients lost to follow up: 0 Patients deceased: 15 Total: 28

52

111

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): Use Rate (Treatments/Treatment capacity): Use Rate (including Missed Treatments): Use Rate (Begining patients treated): Use Rate (Year end Patients/Stations*6): **Renal Network Use Rate:**

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	68.5%	0.9%	29.7%	0.0%	0.9%	100.0%	0.0%
Patient	76	1	33	0	1	111	0
1/1/2013 to 12/31/2013	37.0%	0.6%	49.8%	0.2%	12.4%	100.0%	0.2%
Net Revenue	\$1,418,387	\$21,984	\$1,911,631	\$8,263	\$475,815	\$3,836,081	\$8,263

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	110
15-44 yr	5	3	8	Black/ African American :	7	Unknown Ethnicity Patients	0
45-64 yr	21	13	34	Hawaiian /Pacific Islande	0	TOTAL:	111
65-74 yr	30	2	32	White:	103		
75 < yrs	19	18	37	Unknown:	1		
Total	75	36	111	TOTAL:	111		

STATION INFORMATION

Ownership, Management and General Information

Maryville Dialysis- Renal Treatment Ctrs Name:

Address: 2130 Vadalabene Dr

Marvville City: Madison County: HSA: 11 Medicare ID: 14-2634

Legal Entity Operator:

Renal Treatment Centers- Illinois, Inc.

EACH ITY STAFFING - FILL TIME FOLLIVALENT

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Maryville Medical Park, Inc

Other Ownership:

Medical Director Name: Henry Purcell **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME	EQUIVALENT
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	4
Peak Authorized Stations Operated:	12	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	12	Social Worker:	0
(subset of authorized stations)		LPN:	0

Number of Shifts Operated per day Other Health: 0 Other Non-Health: 3

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	16	15	16	15	0	16	
Number of Patients Treated	28	30	29	33	27	0	33	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 65 In-Center Treatments in calendar year: 9.500 (Beginning patients) **Number of Missed Treatments:** 654

Average Daily Treatments: Patients treated as of 12/31/2013: 64

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 111 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY

USE RATE for the FACILITY New Patients: 21 Recovered patients: 1 Treatment Capacity/year (based on Stations): 11,232 3 **Transient Patients:** 26 **Transplant Recipients:** Use Rate (Treatments/Treatment capacity): 85% Patients Re-Started: 0 Patients transferred out: 14 Use Rate (including Missed Treatments): 90% **Post-Transplant Patien** 2 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 90% Total: 49 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 89% Patients deceased: 7 **Renal Network Use Rate:** 89%

> Total: 27

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	83.6%	0.9%	14.5%	0.0%	0.9%	100.0%	0.9%
Patient	92	1	16	0	1	110	1
1/1/2013 to 12/31/2013	56.5%	0.2%	30.1%	0.1%	13.0%	100.0%	0.1%
Net Revenue	\$1,526,919	\$5,044	\$814,322	\$3,835	\$351,748	\$2,701,868	\$3,835
Patients by Age	and Sex		Patients by Race	1	<u>Pat</u>	ients by Ethnicity	<u>.</u>
CE CDOLIDS MALE	EEMALE TOTAL	Acian	Patiente:	0	Hispania Latino	Patiente:	2

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	109
15-44 yr	5	7	12	Black/ African American :	19	Unknown Ethnicity Patients	0
45-64 yr	32	14	46	Hawaiian /Pacific Islande	0	TOTAL:	111
65-74 yr	16	12	28	White:	91		
75 < yrs	14	11	25	Unknown:	1		
Total	67	44	111	TOTAL:	111		

Ownership, Management and General Information

Name:

Mattoon Dialysis

Address: City:

6051 Development Drive

Coles County: HSA:

Medicare ID:

Charleston 14-2585

Legal Entity Operator:

DVA Renal Healthcare, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** J&P Associates

Other Ownership:

Medical Director Name: Dr Krall

Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	32		
Certified Stations by CMS:	16	Regsitered Nurse :	3		
Peak Authorized Stations Operated:	16	Dialysis Technician :	3		
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0		
	_		_		

Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	11	11	11	11	11	0	11	
Number of Patients Treated	20	18	22	20	23	0	23	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: 7,479 Patients treated as of 1/1/2013: 57 (Beginning patients) **Number of Missed Treatments:** 592 **Average Daily Treatments:** Patients treated as of 12/31/2013:

50 (Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 81 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	23	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	9	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	50%
Patients Re-Started:	1	Patients transferred out:	11	Use Rate (including Missed Treatments):	54%
Post-Transplant Patien	1	Patients voluntarily discontinued	9	Use Rate (Begining patients treated):	59%
Total:	34	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	52%
		Patients deceased:	8	Renal Network Use Rate:	52%
		Total:	31		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	76.3%	7.5%	8.8%	1.3%	6.3%	100.0%	1.3%
Patient	61	6	7	1	5	80	1
1/1/2013 to 12/31/2013	53.2%	3.1%	41.0%	0.1%	2.7%	100.0%	0.1%
Net Revenue	\$1,441,193	\$83,080	\$1,111,164	\$1,440	\$71,952	\$2,708,829	\$1,440

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	3
<14 yrs	1	0	1	Native American/ Indian:	0	Non-Hispanic Latino Patien	77
15-44 yr	4	6	10	Black/ African American :	0	Unknown Ethnicity Patients	1
45-64 yr	17	13	30	Hawaiian /Pacific Islande	0	TOTAL:	81
65-74 yr	5	14	19	White:	78		
75 < yrs	12	9	21	Unknown:	1		
Total	39	42	81	TOTAL:	81		

Ownership, Management and General Information

Memorial Medical Center Name: 800 North Rutledge Street

Springfield City: Sangamon County:

HSA: 3

Address:

Medicare ID: 14-2315 **Legal Entity Operator:**

Memorial Medical Center

Legal Entity Owner:

Ownership Type: Other Not for Profit Corp **Property Owner:** Memorial Medical Center

Other Ownership:

Medical Director Name: Lawrence J. Smith, MD **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		
6	Full-Time Work Week:	36
6	Regsitered Nurse :	13
6	Dialysis Technician :	0
3	Dietician :	1
2	Social Worker:	1
	LPN:	1
	Other Health :	0
	Other Non-Health:	0
	6 6	6 Regsitered Nurse: 6 Dialysis Technician: 3 Dietician: 2 Social Worker: LPN: Other Health:

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	14	14	14	14	0	14	
Number of Patients Treated	1	2	0	3	1	0	2	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 2 In-Center Treatments in calendar year: 414 (Beginning patients) **Number of Missed Treatments:** 0

Average Daily Treatments: Patients treated as of 12/31/2013: 4

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 12 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
---------------------------	------------------------	---------------------------

New Patients:	10	Recovered patients:	0	Treatment Capacity/year (based on Stations):	5,616
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	7%
Patients Re-Started:	0	Patients transferred out:	4	Use Rate (including Missed Treatments):	7%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	6%
Total:	10	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	11%
		Patients deceased:	3	Renal Network Use Rate:	36%
		Total:	7		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	90.9%	0.0%	9.1%	0.0%	0.0%	100.0%	9.1%
Patient	10	0	1	0	0	11	1
10/1/2012 to 9/30/2013	87.7%	0.0%	12.3%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$62,591	\$0	\$8,738	\$0	\$0	\$71,329	\$0
Patients by Age	and Sex		Patients by Race	2	<u>Patie</u>	ents by Ethnicity	<u> </u>
AGE GROUPS MALE	FEMALE TOTAL	Asian	Patients:	0	Hispanic Latino F	Patients:	0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	12
15-44 yr	0	0	0	Black/ African American :	4	Unknown Ethnicity Patients	0
45-64 yr	1	3	4	Hawaiian /Pacific Islande	0	TOTAL:	12
65-74 yr	3	1	4	White:	8		
75 < yrs	1	3	4	Unknown:	0		
Total	5	7	12	TOTAL:	12		

Part II section B: Long Term Debt Total Memorial Medical Center Long Term Debt was \$104,990,180 for FY13. This debt covered all aspects of Memorial's operations including the outpatient ESRD program. Section C: Net Revenue The reported net revenue relates to outpatient ESRD patients treated at Memorial Medical Center in FY13. The total net revenue is \$71,329.

Ownership, Management and General Information

Name:

Metro East Dialysis

Address:

5105 West Main Street

City: County: Belleville

HSA: Medicare ID: St. Clair

11 14-2527 **Legal Entity Operator:**

Metro East Dialysis

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** David Rose

Other Ownership:

Medical Director Name: Dr. Rashid Dalal **Provides Incenter Noctural Dialysis: ~**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
---------------------	--

Authorized Stations as of 12/31/2013:	36	Full-Time Work Week:	40
Certified Stations by CMS:	36	Regsitered Nurse :	9
Peak Authorized Stations Operated:	36	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	36	Dietician :	2
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	2
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	5
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	20	20	20	20	13	8	20
Number of Patients Treated	83	72	83	72	66	17	72

Facility Utilization Information

Patients treated as of 1/1/2013:

Patients treated as of 12/31/2013:

Facility Reported Patient Information

Facility Reported Treatment Information

In-Center Treatments in calendar year:

Number of Missed Treatments: 2,438

25,301

77%

Average Daily Treatments:

Average Treatment Time (min): 4.0

Total Unduplicated patients

treated in calendar year: **ADDITIONS to the FACILITY**

(Beginning patients)

(Ending patients)

Renal Network Use Rate:

LOSSES to the FACILITY USE RATE for the FACILITY Recovered patients: 3 Treatment Capacity/year (based on Stations):

New Patients: 68 33,696 **Transient Patients:** 26 **Transplant Recipients:** 5 Use Rate (Treatments/Treatment capacity): 75% Patients Re-Started: 0 Patients transferred out: 29 Use Rate (including Missed Treatments): 82% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 81% Total: 94 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 77%

> Patients deceased: 42

175

166

186

Total: 79

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	77.8%	7.6%	13.0%	0.0%	1.6%	100.0%	0.5%
Patient	144	14	24	0	3	185	1
1/1/2013 to 12/31/2013 Net Revenue	<i>50.1%</i> \$4,172,415	3.4% \$284,068	34.4% \$2,862,706	<i>0.6%</i> \$51,196	<i>11.5%</i> \$955,321	100.0% \$8,325,705	<i>0.6%</i> \$51,196

Patients by Age and Sex			Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	184	
15-44 yr	10	13	23	Black/ African American :	124	Unknown Ethnicity Patients	0	
45-64 yr	45	38	83	Hawaiian /Pacific Islande	0	TOTAL:	186	
65-74 yr	19	26	45	White:	61			
75 < yrs	11	24	35	Unknown:	1			
Total	85	101	186	TOTAL:	186			

Ownership, Management and General Information

Mt. Sinai Hospital Med Ctr Name: Address:

1500 S. California Avenue

Chicago City: Cook County: HSA: 6 **Medicare ID:** 14-0018 **Legal Entity Operator:**

Mt. Sinai Hospital and Medical Center

Legal Entity Owner:

Ownership Type: Other Not for Profit Corp

Property Owner: Mt. Sinai Hospital and Medical Center

Other Ownership:

Medical Director Name: Dr. Mohammad Ahmed **Provides Incenter Noctural Dialysis:**

16

41

16

39

0

0

16

40

STATION INFORMATION				FACILITY	STAFFING	- FULL TIM	IE EQUIVALE	<u>ENT</u>
Authorized Stations as of 12/31/2013:		16		Full-Tim	e Work Wee	ek:		40
Certified Stations by CMS:		16		Regsiter	ed Nurse :			11
Peak Authorized Stations Operated:		11		Dialysis	Technician	:		5
Authorized Stations Setup and Staffed in Oct 1-7:		11		Dietician :				1
Isolation Stations Set up in Oct 1-7:		0		Social Worker:				1
(subset of authorized stations)				LPN:				1
Number of Shifts Operated per day				Other He	ealth:			4
				Other No	on-Health:			0
<u>Dialysis Sta</u>	tion Utili	zation for th	ne Week of	Oct 1 - 7				
Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	

16

36

Facility Utilization Information

Hours operated

Facility Reported Patient Information Facility Reported Treatment Information

16

39

Patients treated as of 1/1/2013: 85 In-Center Treatments in calendar year: 12,273 (Beginning patients) **Number of Missed Treatments:** 727

Average Daily Treatments: Patients treated as of 12/31/2013: 85

16

43

(Ending patients) Average Treatment Time (min): 191.0

Total Unduplicated patients 85 treated in calendar year:

Number of Patients Treated

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
---------------------------	------------------------	---------------------------

New Patients:	16	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	0	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	82%
Patients Re-Started:	0	Patients transferred out:	11	Use Rate (including Missed Treatments):	87%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	89%
Total:	16	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	89%
		Patients deceased:	7	Renal Network Use Rate:	92%
		Total:	22		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	56.5%	37.6%	5.9%	0.0%	0.0%	100.0%	0.0%
Patient	48	32	5	0	0	85	0
7/1/2012 to 6/30/2013	27.9%	13.0%	1.3%	0.0%	57.7%	100.0%	0.5%
Net Revenue	\$971,317	\$451,780	\$46,166	\$1,113	\$2,006,028	\$3,476,404	\$18,386
Patients by Age	and Sex		Patients by Race		Pat	tients by Ethnicit	v

Pat	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	29	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	56	
15-44 yr	8	11	19	Black/ African American :	56	Unknown Ethnicity Patients	0	
45-64 yr	16	25	41	Hawaiian /Pacific Islande	0	TOTAL:	85	
65-74 yr	6	7	13	White:	29			
75 < yrs	6	6	12	Unknown:	0			
Total	36	49	85	TOTAL:	85			

Our dialysis facility is hospital based. The unit operated a 4th shift Mon-Sat the week of October 1-7, 2013; hours of operation 06:00 to 22:00; total patients served, 85. For question B page 12, long-term debt, the hospital system currently has no methodology for allocating debt to specific departments. Current long-term debt for Mount Sinai hospital was \$65,173.

Ownership, Management and General Information

Mt. Vernon Dialysis Name:

4102 North Water Tower Place Address:

14-2541

Mount Vernon City: Jefferson County: HSA: 5

Medicare ID:

Legal Entity Operator:

Renal Life Link / Davita

Legal Entity Owner:

Ownership Type: For Profit Corporation Steven Zelman MD **Property Owner:**

Other Ownership:

Medical Director Name: Steven Zelman MD **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Regsitered Nurse :	7
Peak Authorized Stations Operated:	16	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	12	12	12	12	0	12	
Number of Patients Treated	26	27	26	30	26	0	30	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 54 7,910 (Beginning patients) **Number of Missed Treatments:** 1,001

Average Daily Treatments: Patients treated as of 12/31/2013: 66

(Ending patients) Average Treatment Time (min): 207.0

Total Unduplicated patients 104

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	50	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	17	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	53%
Patients Re-Started:	0	Patients transferred out:	30	Use Rate (including Missed Treatments):	60%
Post-Transplant Patien	0	Patients voluntarily discontinued	5	Use Rate (Begining patients treated):	56%
Total:	67	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	69%
		Patients deceased:	23	Renal Network Use Rate:	60%
		Total:	62		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	88.5%	1.0%	0.0%	10.6%	0.0%	100.0%	0.0%
Patient	92	1	0	11	0	104	0
1/1/2013 to 12/31/2013	63.6%	1.2%	29.0%	0.5%	5.7%	100.0%	0.5%
Net Revenue	\$1,611,712	\$30,537	\$735,024	\$12,465	\$144,964	\$2,534,703	\$12,465
Patients by Age	and Cay		Potionto by Poo		Pot	ionto by Ethnicit	.,

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	104
15-44 yr	7	1	8	Black/ African American :	20	Unknown Ethnicity Patients	0
45-64 yr	24	9	33	Hawaiian /Pacific Islande	0	TOTAL:	104
65-74 yr	15	15	30	White:	84		
75 < yrs	18	15	33	Unknown:	0		
Total	64	40	104	TOTAL:	104		

Ownership, Management and General Information

Name: Nephron Dialysis Center, Ltd.
Address: 5140 N. California Ave., Suite 510

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2600

Legal Entity Operator: Nep

Nephron Dialysis Center, Ltd.

Legal Entity Owner: Ownership Type:

For Profit Corporation
Swedish Covenant Hospital

Property Owner: Other Ownership:

Medical Director Name: Dr. Humayun, Hamid Provides Incenter Noctural Dialysis:

STATION INFORMATION			FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:		12	Full-Time	e Work Weel	κ:	40
Certified Stations by CMS:		12	Regsiter	ed Nurse :		3
Peak Authorized Stations Operated:		12	Dialysis	Technician :		7
Authorized Stations Setup and Staffed in Oct 1-7	:	12	Dietician	:		1
Isolation Stations Set up in Oct 1-7:		0	Social W	orker:		1
(subset of authorized stations)			LPN:			0
Number of Shifts Operated per day			Other He	ealth:		0
			Other No	n-Health:		0

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13.5	13.5	13.5	13.5	13.5	0	13.5
Number of Patients Treated	32	35	29	34	33	0	35

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 67 In-Center Treatments in calendar year: 10,160 (Beginning patients) Number of Missed Treatments: 119

Patients treated as of 12/31/2013:
68
Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 89 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
ADDITIONS to the FACILITY	LUSSES to the FACILITY	USE RATE for the FACILITY

ADDITIONS to the 17th	<u> </u>			002 11/112 101 1110 1710 1211 1	
New Patients:	20	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	3	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	90%
Patients Re-Started:	0	Patients transferred out:	8	Use Rate (including Missed Treatments):	92%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	93%
Total:	24	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	94%
		Patients deceased:	9	Renal Network Use Rate:	104%
		Total:	21		

Patients and Net Revenue by Payor Source

		Medica	re Me	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		79.8	3%	9.0%	11.2%	0.0%	0.0%	100.0%	0.0%
Patient			71	8	10	0	0	89	0
1/1/2013 to	12/31/2013	60.5	5%	9.9%	29.5%	0.2%	0.0%	100.0%	0.0%
Net Revenue		\$1,493,345	\$24	3,664	\$728,473	\$4,224	\$0	\$2,469,705	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	<u></u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	29	Hispanic Latino	Patients:	15
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	74
15-44 yr	2	4	6	Black	/ African American :	14	Unknown Ethnic	city Patients	0

AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	29	Hispanic Latino Patients:	15
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	74
15-44 yr	2	4	6	Black/ African American :	14	Unknown Ethnicity Patients	0
45-64 yr	21	9	30	Hawaiian /Pacific Islande	0	TOTAL:	89
65-74 yr	15	15	30	White:	24		
75 < yrs	8	15	23	Unknown:	22		
Total	46	43	89	TOTAL:	89		

Ownership, Management and General Information

Oak Park Kidney Centers, LLC Name: 610 South Maple Avenue Address:

Oak Park City: Cook County: HSA: 7 **Medicare ID:** 14-2644

Oak Park Kidney Center, LLC **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Rush Univ. Med. Center/ Fixed Assets

Other Ownership:

Medical Director Name: Dr Hamid Humayun **Provides Incenter Noctural Dialysis:**

13

29

13

30

0

0

13

32

225.0

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT							
Authorized Stations as of 12/31/2013:	18		Full-Tim	e Work Wee	k:		40		
Certified Stations by CMS:	18		Regsiter	ed Nurse :			3		
Peak Authorized Stations Operated:	13		Dialysis	Technician	:		6		
Authorized Stations Setup and Staffed in Oct 1-7:	13		Dietician :				0		
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				0		
(subset of authorized stations)			LPN:				0		
Number of Shifts Operated per day			Other Health :				0		
			Other No	on-Health:			1		
Dialysis Station Utilization for the Week of Oct 1 - 7									
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7			

13

33

Facility Utilization Information

Hours operated

Facility Reported Patient Information Facility Reported Treatment Information

13

31

Patients treated as of 1/1/2013: 72 In-Center Treatments in calendar year: 9.342 (Beginning patients) **Number of Missed Treatments:** 664

Average Daily Treatments: Patients treated as of 12/31/2013: 71 (Ending patients) Average Treatment Time (min):

13

31

Total Unduplicated patients 104

treated in calendar year:

Number of Patients Treated

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients: 31 Recovered patients: 2 Treatment Capacity/year (based on Stations): 16,848 **Transient Patients:** 1 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 55% Patients Re-Started: 0 Patients transferred out: 13 Use Rate (including Missed Treatments): 59% **Post-Transplant Patien** 0 Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 67% Total: 32 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 66% Patients deceased: **Renal Network Use Rate:** 64% 12

> Total: 33

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	90.3%	9.7%	0.0%	0.0%	0.0%	100.0%	1.0%
Patient	93	10	0	0	0	103	1
1/1/2013 to 12/31/2013	90.1%	2.8%	7.1%	0.0%	0.0%	100.0%	0.3%
Net Revenue	\$1,925,405	\$60,532	\$152,208	\$0	\$0	\$2,138,145	\$6,580
Patients by Age	e and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	¥
AGE GROUPS MALE	FEMALE TOT	AL Asiar	n Patients:	2	Hispanic Latino	Patients:	7

<u>Pat</u>	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	7	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	97	
15-44 yr	7	5	12	Black/ African American :	97	Unknown Ethnicity Patients	0	
45-64 yr	23	12	35	Hawaiian /Pacific Islande	0	TOTAL:	104	
65-74 yr	19	15	34	White:	5			
75 < yrs	13	10	23	Unknown:	0			
Total	62	42	104	TOTAL:	104			

Ownership, Management and General Information

Olney Dialysis Unit Olney Name:

117 North Boone Address:

Olney City: County: HSA:

Medicare ID:

Richland 5

14-2674

Renal Life Link, Inc **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Andy Schuetz

Other Ownership:

Medical Director Name: Dr Rafael Lao **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
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Authorized Stations as of 12/31/2013: 7 **Full-Time Work Week:** 40 7 0 **Certified Stations by CMS:** Regsitered Nurse: **Peak Authorized Stations Operated:** 7 Dialysis Technician: 2 Authorized Stations Setup and Staffed in Oct 1-7: 7 Dietician: 0 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	13	0	13	0	0	13
Number of Patients Treated	0	20	0	20	0	0	21

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

3,033 Patients treated as of 1/1/2013: 20 In-Center Treatments in calendar year: (Beginning patients) **Number of Missed Treatments:** 52

Average Daily Treatments: Patients treated as of 12/31/2013: 20 (Ending patients) Average Treatment Time (min): 214.0

Total Unduplicated patients 35 treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	12	Recovered patients:	0	Treatment Capacity/year (based on Stations):	6,552
Transient Patients:	1	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	46%
Patients Re-Started:	1	Patients transferred out:	4	Use Rate (including Missed Treatments):	47%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	48%
Total:	15	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	48%
		Patients deceased:	10	Renal Network Use Rate:	48%
		Total:	15		

Patients and Net Revenue by Payor Source

	dicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	80.0%	2.9%	11.4%	0.0%	5.7%	100.0%	0.0%
Patient	28	1	4	0	2	35	0
1/1/2013 to 12/31/2013 Net Revenue \$634.	63.5% 725	<i>0.3%</i> \$2.640	28.8% \$287.709	<i>0.0%</i> \$0	<i>7.5%</i> \$75.046	100.0% \$1,000,120	<i>0.0%</i> \$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	35
15-44 yr	3	2	5	Black/ African American :	1	Unknown Ethnicity Patients	0
45-64 yr	6	7	13	Hawaiian /Pacific Islande	0	TOTAL:	35
65-74 yr	4	3	7	White:	34		
75 < yrs	7	3	10	Unknown:	0		
Total	20	15	35	TOTAL:	35		

Ownership, Management and General Information

Name: Palos Park Dialysis

13155 South LaGrange Road

City: Orland Park
County: Cook

Address:

HSA: 7 Medicare ID: 14-2732 Legal Entity Operator:

DaVita Healthcare Partners Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: GX Orland Park 2, LLC

Other Ownership:

Medical Director Name: Dr. Sonja Marcic MD Provides Incenter Noctural Dialysis:

23

0

0

23

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT						<u>ENT</u>
Authorized Stations as of 12/31/2013:	12		Full-Time Work Week:				40
Certified Stations by CMS:	12		Regsiter	ed Nurse :			2
Peak Authorized Stations Operated:	12		Dialysis	Technician	:		2
Authorized Stations Setup and Staffed in Oct 1-7:	12		Dieticiar	n :		1	
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				1
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other Health :				0
			Other Non-Health:				2
<u>Dialysis Station Ut</u>	ilization for th	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 0	14	0	14	0	0	14	

0

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

24

Patients treated as of 1/1/2013: 12 In-Center Treatments in calendar year: 3,139 (Beginning patients) Number of Missed Treatments: 128

Patients treated as of 12/31/2013: Average Daily Treatments:

0

(Ending patients)

Average Treatment Time (min): 210.0

Total Unduplicated patients 53 treated in calendar year:

Number of Patients Treated

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

Recovered patients: **New Patients:** 39 0 Treatment Capacity/year (based on Stations): 11,232 Use Rate (Treatments/Treatment capacity): **Transient Patients:** 5 **Transplant Recipients:** 2 28% Patients Re-Started: 2 Patients transferred out: 13 Use Rate (including Missed Treatments): 29% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 17% Total: 46 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 38% Patients deceased: 2 **Renal Network Use Rate:** 38%

Total: 17

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	75.0%	5.8%	11.5%	1.9%	5.8%	100.0%	1.9%
Patient	39	3	6	1	3	52	1
1/1/2013 to 12/31/2013	48.6%	4.0%	39.4%	0.3%	7.7%	100.0%	0.3%
Net Revenue	\$499,703	\$41,553	\$405,219	\$2,950	\$79,525	\$1,028,949	\$2,950
Patients by Age	and Sex		Patients by Race	<u> </u>	<u>Pat</u>	ients by Ethnicity	!
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	6	Hispanic Latino	Patients:	5

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	6	Hispanic Latino Patients:	5
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	47
15-44 yr	6	0	6	Black/ African American :	10	Unknown Ethnicity Patients	1
45-64 yr	12	7	19	Hawaiian /Pacific Islande	1	TOTAL:	53
65-74 yr	8	3	11	White:	35		
75 < yrs	6	11	17	Unknown:	1		
Total	32	21	53	TOTAL:	53		

Ownership, Management and General Information

Presence Resurrection Medical Center Outpatient Di Name:

7435 West Talcott Address:

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2335

Legal Entity Operator:

Legal Entity Owner:

Presence Health Care

Presence Resurrection Medical Center

Other Not for Profit Corp Ownership Type:

Property Owner: Other Ownership:

Medical Director Name: Dr. D. Valaitis **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT					
Authorized Stations as of 12/31/2013:	14	Full-Time Work Week:	40				
Certified Stations by CMS:	14	Regsitered Nurse :	5				
Peak Authorized Stations Operated:	12	Dialysis Technician :	2				
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0				
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0				
(subset of authorized stations)		LPN:	0				
Number of Shifts Operated per day		Other Health :	0				
, , ,		Other Non-Health:	1				
Dialysis Station Utilization for the Week of Oct 1 - 7							

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	12	12	0
Number of Patients Treated	26	25	26	26	27	27	0

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 48 7,730 (Beginning patients) **Number of Missed Treatments:** 28 **Average Daily Treatments:** Patients treated as of 12/31/2013: 47

(Ending patients) Average Treatment Time (min): 260.0

Total Unduplicated patients 83 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
---------------------------	------------------------	---------------------------

		-			
New Patients:	16	Recovered patients:	4	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	59%
Patients Re-Started:	0	Patients transferred out:	14	Use Rate (including Missed Treatments):	59%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	57%
Total:	16	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	56%
		Patients deceased:	14	Renal Network Use Rate:	63%
		Total:	32		

Patients and Net Revenue by Payor Source

		Medic	care	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		73	3.2%	0.0%	26.8%	0.0%	0.0%	100.0%	1.2%
Patient			60	0	22	0	0	82	1
1/1/2013 to 1	2/31/2013	# / \	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue		(\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pat	ients by Ag	e and Sex	nd Sex Patients by Race				<u>Patier</u>	ts by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino Pa	itients:	6
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Latir	no Patien	77
15-44 yr	0	0	0	Black	/ African American :	0	Unknown Ethnicity	/ Patients	0
45-64 yr	13	3	16	Hawa	iian /Pacific Islande	5	TOTAL:		83
65-74 yr	14	12	26	White) :	78			
75 < yrs	18	23	41	Unkn	own:	0			
Total	45	38	83	TOTA	L:	83			

Net Revenue will be included in overall hospital revenues

Ownership, Management and General Information

Name: Provena St. Mary's Hospital Address: 455 West Court Street

City: Kankakee County: Kankakee

HSA: 9 **Medicare ID:** 14-2318

Legal Entity Operator:

Presence Health St. Mary's Hospital

Legal Entity Owner:

Ownership Type: Church-Related

Property Owner: Presence Health St. Mary's Hospital

Other Ownership:

Medical Director Name: Dr. M. Hizon
Provides Incenter Noctural Dialysis:

STATION INFORMATION			FACILITY STAFFING - FULL TIME EQUIVALENT					
Authorized Stations as of 12/31/2013:	24		Full-Tim	e Work Wee	ek:		40	
Certified Stations by CMS:	24		Regsiter	ed Nurse :			14	
Peak Authorized Stations Operated:		Dialysis Technician :				9		
Authorized Stations Setup and Staffed in Oct 1-7:	24		Dieticiar	1 :			1	
Isolation Stations Set up in Oct 1-7:	2		Social Worker:				2	
(subset of authorized stations)			LPN:				1	
Number of Shifts Operated per day			Other Health :				0	
			Other No	on-Health:			1	
<u>Dialysis Station</u>	utilization for	the Week of	Oct 1 - 7					
Date of Operation Oct	t 1 Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7		
Hours operated 13	3.5 17.5	13.5	17.5	13.5	0	17.5		

30

47

30

0

52

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

47

36

Patients treated as of 1/1/2013: 107 In-Center Treatments in calendar year: 15,204 (Beginning patients) Number of Missed Treatments: 279

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 240.0

Total Unduplicated patients 110

Number of Patients Treated

treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY

USE RATE for the FACILITY

New Patients: 58 Recovered patients: 3 Treatment Capacity/year (based on Stations): 22,464 Use Rate (Treatments/Treatment capacity): **Transient Patients:** 17 **Transplant Recipients:** 3 68% Patients Re-Started: 1 Patients transferred out: 11 Use Rate (including Missed Treatments): 69% **Post-Transplant Patien** 2 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 74% Total: 78 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 72% Patients deceased: **Renal Network Use Rate:** 33 71% Total: 50

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	82.7%	8.2%	9.1%	0.0%	0.0%	100.0%	0.0%
Patient	91	9	10	0	0	110	0
1/1/2013 to 12/31/2013	71.8%	4.5%	23.8%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$4,418,465	\$274,711	\$1,462,844	\$0	\$0	\$6,156,020	\$175
Patients by Age	and Sex		Patients by Race	2	Pat	ients by Ethnicity	!
CE CDOLIDS MALE	EEMALE TO	TAI Acian	. Dationts:	1	Hispania Latino	Patiente:	2

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	107
15-44 yr	6	5	11	Black/ African American :	64	Unknown Ethnicity Patients	1
45-64 yr	31	24	55	Hawaiian /Pacific Islande	0	TOTAL:	110
65-74 yr	12	11	23	White:	44		
75 < yrs	8	13	21	Unknown:	1		
Total	57	53	110	TOTAL:	110		

Ownership, Management and General Information

Quad Cities Kidney Center, Ltd. Name:

400 John Deere Road Address:

Moline City: Rock Island County:

HSA: 10 **Medicare ID:** 14-2526 **Legal Entity Operator:**

Quad Cities Kidney Center LTD

Legal Entity Owner:

For Profit Corporation Ownership Type: **Property Owner:** RRS Investments, LP

Other Ownership:

Medical Director Name: Rajesh Alla, M.D. **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	36	Full-Time Work Week:	40	
Certified Stations by CMS:	36	Regsitered Nurse :	11	
Peak Authorized Stations Operated:	33	Dialysis Technician :	20	
Authorized Stations Setup and Staffed in Oct 1-7:	33	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	1	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	0	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	8	13	8	13	8	0	13	
Number of Patients Treated	34	64	29	62	32	0	62	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 87 13,369 (Beginning patients) **Number of Missed Treatments:** 427

Average Daily Treatments: Patients treated as of 12/31/2013: 83

(Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 257

treated in calendar year:

LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FAC	CILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	49	Recovered patients:	1	Treatment Capacity/year (based on Stations):	33,696
Transient Patients:	120	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	40%
Patients Re-Started:	1	Patients transferred out:	150	Use Rate (including Missed Treatments):	41%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	40%
Total:	170	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	38%
		Patients deceased:	18	Renal Network Use Rate:	39%
		Total:	174		

Patients and Net Revenue by Payor Source

		Medica	re M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		72.4	%	5.8%	17.5%	0.4%	3.9%	100.0%	0.0%
Patient		18	36	15	45	1	10	257	0
1/1/2013 to 1	12/31/2013	61.9	%	1.9%	36.2%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$3,422,634	\$10	5,455	\$2,004,192	\$0	\$0	\$5,532,281	\$0
Pat	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u></u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	2	Hispanic Latino	Patients:	23
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	234
15-44 yr	16	16	32	Black	/ African American :	52	Unknown Ethnic	city Patients	0
45-64 yr	59	41	100	Hawa	iian /Pacific Islande	0	TOTAL:		257
65-74 yr	43	20	63	White	e :	203			
75 < yrs	27	35	62	Unkn	own:	0			
Total	145	112	257	TOTA	۸L:	257			

Ownership, Management and General Information

Name: Quad Cities Kidney Center Rock Island, LLC

Address: 2623 17th Street City: Rock Island

County: Rock Island HSA: 10 Medicare ID: 14-2703 Legal Entity Operator:

Quad Cities Kidney Center, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: RRS Investments, LP

Other Ownership:

Medical Director Name: Rajesh Alla, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2013:	19	Full-Time Work Week:	40
Certified Stations by CMS:	19	Regsitered Nurse :	2
Peak Authorized Stations Operated:	18	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	10	0	10	0	0	10
Number of Patients Treated	0	33	0	32	0	0	33

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 35 In-Center Treatments in calendar year: 5,061 (Beginning patients) Number of Missed Treatments: 176
Patients treated as of 12/31/2013: 35 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 210.0

Total Unduplicated patients 52 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	15	Recovered patients:	1	Treatment Capacity/year (based on Stations):	17,784
Transient Patients:	2	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	28%
Patients Re-Started:	0	Patients transferred out:	10	Use Rate (including Missed Treatments):	29%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	31%
Total:	17	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	31%
		Patients deceased:	4	Renal Network Use Rate:	30%
		Total:	17		

Patients and Net Revenue by Payor Source

		Medica	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		71.	2%	5.8%	17.3%	0.0%	5.8%	100.0%	0.0%
Patient			37	3	9	0	3	52	0
1/1/2013 to	12/31/2013	61	4%	2.6%	36.1%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$796,39	5 \$3	3,532	\$467,957	\$0	\$0	\$1,297,883	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	ν
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	0	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	49

<u>. u.</u>	torico by rie	o ana ook		I dilonto by maso		i anomo by Emmony	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	49
15-44 yr	2	2	4	Black/ African American :	28	Unknown Ethnicity Patients	0
45-64 yr	11	8	19	Hawaiian /Pacific Islande	0	TOTAL:	52
65-74 yr	5	8	13	White:	24		
75 < yrs	4	12	16	Unknown:	0		
Total	22	30	52	TOTAL:	52		

Ownership, Management and General Information

Name: Quad Cities Kidney Center Silvis, LLC

Address: 880 Crosstown Avenue

City: Silvis
County: Rock Island

HSA: 10 **Medicare ID:** 14-2675

Legal Entity Operator:

Quad Cities Kidney Center Silvis, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: RRS Investments, LP

Other Ownership:

Medical Director Name: Rajesh Alla, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	18	Full-Time Work Week:	40
Certified Stations by CMS:	18	Regsitered Nurse :	3
Peak Authorized Stations Operated:	18	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	0

Peak Authorized Stations Operated:18Dialysis Technician:7Authorized Stations Setup and Staffed in Oct 1-7:18Dietician:0Isolation Stations Set up in Oct 1-7:0Social Worker:0(subset of authorized stations)LPN:0Number of Shifts Operated per dayOther Health:0Other Non-Health:0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	11	11	11	11	11	0	11	
Number of Patients Treated	32	35	32	35	33	0	36	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 60 In-Center Treatments in calendar year: 10,002 (Beginning patients) Number of Missed Treatments: 124

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 87 treated in calendar year:

Total:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONO TO THE TAC	<u>'1-11 1</u>			OOL NATE TO THE PACIENT	
New Patients:	24	Recovered patients:	0	Treatment Capacity/year (based on Stations):	16,848
Transient Patients:	3	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	59%
Patients Re-Started:	0	Patients transferred out:	9	Use Rate (including Missed Treatments):	60%
Post-Transplant Patien	0	Patients voluntarily discontinued	5	Use Rate (Begining patients treated):	56%
Total:	27	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	65%
		Patients deceased:	3	Renal Network Use Rate:	65%

Patients and Net Revenue by Payor Source

17

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	74.7%	4.6%	17.2%	0.0%	3.4%	100.0%	0.0%
Patient	65	4	15	0	3	87	0
1/1/2013 to 12/31/2013	58.7%	1.6%	39.7%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$1,752,120	\$48,369	\$1,183,514	\$0	\$0	\$2,984,003	\$0

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	11	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	76	
15-44 yr	5	2	7	Black/ African American :	8	Unknown Ethnicity Patients	0	
45-64 yr	17	6	23	Hawaiian /Pacific Islande	0	TOTAL:	87	
65-74 yr	14	9	23	White:	79			
75 < yrs	12	22	34	Unknown:	0			
Total	48	39	87	TOTAL:	87			

Ownership, Management and General Information

Name: Quad Cities Kidney Center, Ltd.
Address: 600 North College Avenue

 City:
 Geneseo

 County:
 Henry

 HSA:
 10

 Medicare ID:
 14-2592

Legal Entity Operator:

Quad Cities Kidney Center, Ltd.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Hammond-Henry Hospital

Other Ownership:

Medical Director Name: Rajesh Alla, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION		<u>FACILITY STAFFING - FULL TIME</u>	<u>EQUIVALENT</u>
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	_		

Authorized Stations as of 12/31/2013:	7	Full-Time Work Week:	40
Certified Stations by CMS:	7	Regsitered Nurse :	1
Peak Authorized Stations Operated:	7	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	7	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	13	0	13	0	0	13
Number of Patients Treated	0	20	0	18	0	0	18

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 15 In-Center Treatments in calendar year: 2,638 (Beginning patients) Number of Missed Treatments: 7
Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

Average Treatment Time (min):

210.0

Total Unduplicated patients 28 treated in calendar year:

0

6

10

65-74 yr

75 < yrs

Total

5

7

18

5

13

28

White:

TOTAL:

Unknown:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	13	Recovered patients:	0	Treatment Capacity/year (based on Stations):	6,552
Transient Patients:	2	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	40%
Patients Re-Started:	0	Patients transferred out:	7	Use Rate (including Missed Treatments):	40%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	36%
Total:	15	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	48%
		Patients deceased:	3	Renal Network Use Rate:	48%
		Total:	10		

Patients and Net Revenue by Payor Source

		Medic	are M	ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		89	.3%	3.6%	7.1%	0.0%	0.0%	100.0%	0.0%
Patient			25	1	2	0	0	28	0
1/1/2013 to 1	12/31/2013	95	.7%	0.0%	4.3%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$678,06	88	\$0	\$30,549	\$0	\$0	\$708,617	\$0
Pat	tients by Ag	e and Sex			Patients by Race	2	<u>Patie</u>	ents by Ethnicit	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	tino Patien	28
15-44 yr	0	2	2	Black	/ African American :	0	Unknown Ethnic	ity Patients	0
45-64 yr	4	4	8	Hawa	iian /Pacific Islande	0	TOTAL:		28

28

0

28

Ownership, Management and General Information

Name:

Quality Renal Care

Address:

910 Greenlee Street, Suite B

City: County: Marengo

HSA: 8

McHenry

Medicare ID: 14-2643 **Legal Entity Operator:**

Legal Entity Owner:

For Profit Corporation

FACILITY STAFFING - FULL TIME EQUIVALENT

DaVita

Ownership Type: **Property Owner:** Z-Corp

Other Ownership:

Medical Director Name: Dr. Aamir Memon **Provides Incenter Noctural Dialysis:**

Authorized Stations as of 12/31/2013:	10	Full-Time Work Week:	40
Certified Stations by CMS:	10	Regsitered Nurse :	4
Peak Authorized Stations Operated:	10	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	10	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12.5	12.5	12.5	12.5	12.5	0	12.5
Number of Patients Treated	11	9	13	10	13	0	9

Facility Utilization Information

Facility Reported Patient Information

Facility Reported Treatment Information

3,704 Patients treated as of 1/1/2013: 26 In-Center Treatments in calendar year: (Beginning patients) **Number of Missed Treatments:** 43

Patients treated as of 12/31/2013: 30 (Ending patients)

Total Unduplicated patients 47 **Average Daily Treatments:** Average Treatment Time (min): 210.0

treated in calendar year:

ADDITIONS to the FACILITY **LOSSES to the FACILITY**

ADDITIONS to the LACI	<u> </u>
New Patients:	22
Transient Patients:	0
Patients Re-Started:	2
Post-Transplant Patien	0
Total:	24

Recovered patients: 2 **Transplant Recipients:** 1 Patients transferred out: 11 Patients voluntarily discontinued 0 Patients lost to follow up: 0 Patients deceased: 6 Total: 20

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): 9,360 Use Rate (Treatments/Treatment capacity): 40% Use Rate (including Missed Treatments): 40% Use Rate (Begining patients treated): 43% Use Rate (Year end Patients/Stations*6): 50% **Renal Network Use Rate:** 50%

Patients and Net Revenue by Payor Source

		Medic	are I	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		87	.2%	0.0%	12.8%	0.0%	0.0%	100.0%	0.0%
Patient			41	0	6	0	0	47	0
1/1/2013 to 12	2/31/2013	30	.2%	0.0%	68.9%	0.0%	0.9%	100.0%	0.0%
Net Revenue		\$82,34	42	\$0	\$187,814	\$0	\$2,483	\$272,638	\$0
<u>Pati</u>	ents by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pati</u>	ents by Ethnicit	¥
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	2	Hispanic Latino	Patients:	6
<14 vrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	tino Patien	41

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	6		
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	41		
15-44 yr	0	2	2	Black/ African American :	1	Unknown Ethnicity Patients	0		
45-64 yr	12	3	15	Hawaiian /Pacific Islande	0	TOTAL:	47		
65-74 yr	9	6	15	White:	44				
75 < yrs	11	4	15	Unknown:	0				
Total	32	15	47	TOTAL ·	47				

Financial revenues are current as of DaVita acquisition.

Ownership, Management and General Information

Name:

Quality Renal Care-Dundee (Annexed into Carpente

Address:

2203 Randall Road

Dundee City: Kane County:

HSA: 8 Medicare ID: 14-2598

DaVita **Legal Entity Operator:**

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Quality Renal Care, LLC

Other Ownership:

Medical Director Name: Dr. Nasir Ahmad **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	13	Full-Time Work Week:	39	
Certified Stations by CMS:	13	Regsitered Nurse :	8	
Peak Authorized Stations Operated:	13	Dialysis Technician :	8	
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	3	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	15	15	15	15	0	15	
Number of Patients Treated	28	30	28	31	28	0	31	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 59 9,036 (Beginning patients) **Number of Missed Treatments:** 51

Average Daily Treatments: Patients treated as of 12/31/2013:

59 (Ending patients) Average Treatment Time (min): 225.0

Total Unduplicated patients 89 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY **USE RATE for the FACILITY**

ADDITIONO to the FAGILITY		<u></u>			<u> </u>				
	New Patients:	40	Recovered patients:	3	Treatment Capacity/year (based on Stations):	12,168			
	Transient Patients:	0	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	74%			
	Patients Re-Started:	1	Patients transferred out:	26	Use Rate (including Missed Treatments):	75%			
	Post-Transplant Patien	2	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	76%			
	Total:	43	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	76%			
			Patients deceased:	9	Renal Network Use Rate:	76%			
			Total:	43					

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	83.0%	2.3%	14.8%	0.0%	0.0%	100.0%	1.1%
Patient	73	2	13	0	0	88	1
1/1/2013 to 12/31/2013	26.6%	0.4%	71.3%	0.9%	0.9%	100.0%	0.9%
Net Revenue	\$168,530	\$2,242	\$451,310	\$5,682	\$5,415	\$633,179	\$5,682
Patients by Age	and Sex		Patients by Race	<u> </u>	<u>Pati</u>	ents by Ethnicity	!
CE CPOURS MALE	EEMALE TOTAL	Acian	Dationts:	1	Hispania I atino	Dationte:	21

<u>Pat</u>	ients by Ac	<u>ie and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	21	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	68	
15-44 yr	4	3	7	Black/ African American :	5	Unknown Ethnicity Patients	0	
45-64 yr	19	12	31	Hawaiian /Pacific Islande	0	TOTAL:	89	
65-74 yr	19	15	34	White:	80			
75 < yrs	12	5	17	Unknown:	0			
Total	54	35	89	TOTAL ·	89			

Financial revenues are current as of DaVita acquisition.

Ownership, Management and General Information

RCG-South Holland Name:

16136 South Park Avenue Address: South Holland

City: Cook County: HSA: Medicare ID: 14-2544 **Legal Entity Operator:**

ISD Renal Inc. fka DSI Renal Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Cornelius Nymeyer

Other Ownership:

Medical Director Name: Michael Peck **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2013:	20	Full-Time Work Week:	40		
Certified Stations by CMS:	20	Regsitered Nurse :	7		
Peak Authorized Stations Operated:	20	Dialysis Technician :	15		
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	2		
Dialysis Station Utilization for the Week of Oct 1 - 7					

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16.5	16.5	16.5	16.5	16.5	0	16.5	
Number of Patients Treated	49	56	53	55	53	0	55	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 99 16,468 (Beginning patients) **Number of Missed Treatments:** 0

Average Daily Treatments: Patients treated as of 12/31/2013: 112

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 162 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
ADDITIONS to the FACILITY	LUSSES to the FACILITY	USE RATE for the FACILITY

New Patients:	32	Recovered patients:	1	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	12	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	88%
Patients Re-Started:	18	Patients transferred out:	17	Use Rate (including Missed Treatments):	88%
Post-Transplant Patien	0	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	83%
Total:	62	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	93%
		Patients deceased:	12	Renal Network Use Rate:	93%
		Total:	37		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	79.6%	11.1%	9.3%	0.0%	0.0%	100.0%	0.0%
Patient	129	18	15	0	0	162	0
1/1/2013 to 12/31/2013	51.6%	2.8%	35.0%	0.4%	10.3%	100.0%	0.4%
Net Revenue	\$2,546,092	\$140,040	\$1,726,591	\$17,458	\$506,024	\$4,936,205	\$17,458
Detients by Ans	and Carr		Datianta ku Daa	_	Det	ianta bu Ethniait	

<u>Pat</u>	ients by A	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	7	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	155	
15-44 yr	12	9	21	Black/ African American :	142	Unknown Ethnicity Patients	0	
45-64 yr	40	23	63	Hawaiian /Pacific Islande	0	TOTAL:	162	
65-74 yr	27	23	50	White:	13			
75 < yrs	13	15	28	Unknown:	7			
Total	92	70	162	TOTAL:	162			

Ownership, Management and General Information

Renal Center West Joliet Name:

1051 Essington Road Ste. 160 Address: Joliet

City: Will County: HSA: 9 Medicare ID: 14-2742 **Legal Entity Operator:**

Total Renal Care, Inc.

Legal Entity Owner: Ownership Type:

For Profit Corporation **Property Owner:** Midwest Community Real Estate Corp.

Other Ownership:

Preeti Nagarkatte, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:**

69

51

0

69

STATION INFORMATION	STATION INFORMATION						FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2013:	29		Full-Tim	e Work Wee	ek:		40				
Certified Stations by CMS:	29		Regsite	ed Nurse :			12				
Peak Authorized Stations Operated:	29		Dialysis	Technician	:		7				
Authorized Stations Setup and Staffed in Oct 1-7:	28		Dieticiar	1 :			1				
Isolation Stations Set up in Oct 1-7:	1		Social Worker:				1				
(subset of authorized stations)			LPN:				0				
Number of Shifts Operated per day			Other Ho	ealth:			0				
			Other No	on-Health:			2				
<u>Dialysis Station L</u>	Itilization for tl	he Week of	Oct 1 - 7								
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7					
Hours operated 16	16	16	16	16	0	16					

49

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

64

Patients treated as of 1/1/2013: 142 In-Center Treatments in calendar year: 19,196 (Beginning patients) **Number of Missed Treatments:** 632 **Average Daily Treatments:** Patients treated as of 12/31/2013:

132 (Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 185

Number of Patients Treated

treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

51

Recovered patients: 3 **New Patients:** Treatment Capacity/year (based on Stations): 27,144 Use Rate (Treatments/Treatment capacity): **Transient Patients:** 19 **Transplant Recipients:** 2 71% 55 Patients Re-Started: 2 Patients transferred out: Use Rate (including Missed Treatments): 73% **Post-Transplant Patien** 2 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 82% Total: 77 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 76% Patients deceased: **Renal Network Use Rate:** 76% 16 Total: 80

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	81.0%	9.2%	7.6%	1.6%	0.5%	100.0%	0.5%
Patient	149	17	14	3	1	184	1
1/1/2013 to 12/31/2013	58.8%	2.7%	33.2%	1.1%	4.2%	100.0%	1.1%
Net Revenue	\$3,807,569	\$172,124	\$2,148,772	\$68,701	\$274,093	\$6,471,258	\$68,701
				1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	28
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	157
15-44 yr	14	11	25	Black/ African American :	69	Unknown Ethnicity Patients	C
45-64 yr	37	18	55	Hawaiian /Pacific Islande	0	TOTAL:	185
65-74 yr	28	18	46	White:	114		
75 < yrs	32	27	59	Unknown:	0		
Total	111	74	185	TOTAL:	185		

Ownership, Management and General Information

Name:

Robinson Dialysis

Address:

City:

Medicare ID:

Robinson Crawford

14-2714

County: HSA. 5

1215 North Allen Street Suite B

Ownership Type:

Robinson Dialysis, LLC

Legal Entity Operator: Legal Entity Owner:

For Profit Corporation

Property Owner: Crawford County Memorial Hospital

Other Non-Health:

1

Other Ownership:

Medical Director Name: Dr. Rafael Lao **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	_	

Authorized Stations as of 12/31/2013: 8 **Full-Time Work Week:** 40 **Certified Stations by CMS:** 8 Regsitered Nurse: 2 **Peak Authorized Stations Operated:** 8 Dialysis Technician: 1 Authorized Stations Setup and Staffed in Oct 1-7: 8 Dietician: 0 Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	11	13	11	13	11	0	13
Number of Patients Treated	12	20	14	19	13	0	21

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

4,906 Patients treated as of 1/1/2013: 33 In-Center Treatments in calendar year: (Beginning patients) **Number of Missed Treatments:** 81

Average Daily Treatments: Patients treated as of 12/31/2013: 33

(Ending patients) Average Treatment Time (min): 215.0

Total Unduplicated patients 46 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY

New Patients: Recovered patients: 0 Treatment Capacity/year (based on Stations): 7,488 **Transient Patients:** 5 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 66% Patients Re-Started: 1 Patients transferred out: 5 Use Rate (including Missed Treatments): 67% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 69% Total: 13 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 69% Patients deceased: **Renal Network Use Rate:** 8 69%

> Total: 13

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	87.0%	2.2%	10.9%	0.0%	0.0%	100.0%	0.0%
Patient	40	1	5	0	0	46	0
1/1/2013 to 12/31/2013	59.8%	0.2%	30.4%	0.0%	9.6%	100.0%	0.0%
Net Revenue	\$810,402	\$2,079	\$412,187	\$199	\$130,767	\$1,355,634	\$199

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	46
15-44 yr	0	0	0	Black/ African American :	2	Unknown Ethnicity Patients	0
45-64 yr	5	8	13	Hawaiian /Pacific Islande	0	TOTAL:	46
65-74 yr	14	4	18	White:	43		
75 < yrs	11	4	15	Unknown:	1		
Total	30	16	46	TOTAL:	46		

Ownership, Management and General Information

Rockford Dialysis Name:

3339 North Rockton Avenue Address:

Rockford City:

Winnebago County:

HSA: Medicare ID: 14-2647 **Legal Entity Operator:**

Renal Treatment Centers-Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Stenstrom Real Estate Development Group

Other Ownership:

Medical Director Name: Dr. Krishna Sankaran **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	22	Full-Time Work Week:	32
Certified Stations by CMS:	22	Regsitered Nurse :	6
Peak Authorized Stations Operated:	22	Dialysis Technician :	10
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	16	0	16
Number of Patients Treated	57	60	57	60	57	0	60

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 112 In-Center Treatments in calendar year: 16,456 (Beginning patients) **Number of Missed Treatments:** 3

Average Daily Treatments: Patients treated as of 12/31/2013: 115

(Ending patients) Average Treatment Time (min): 220.0

Total Unduplicated patients 180 treated in calendar year:

LOSSES to the FACILITY ADDITIONS to the FACILITY

Total:

USE RATE for the FACILITY 2 **New Patients:** Recovered patients: Treatment Capacity/year (based on Stations): 20,592 2 **Transient Patients:** 10 **Transplant Recipients:** Use Rate (Treatments/Treatment capacity): 80% Patients Re-Started: 2 Patients transferred out: 32 Use Rate (including Missed Treatments): 80% **Post-Transplant Patien** Patients voluntarily discontinued 9 Use Rate (Begining patients treated): 85% Total: 57 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 87% Patients deceased: 2 **Renal Network Use Rate:** 87%

Patients and Net Revenue by Payor Source

47

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	33.7%	23.6%	32.6%	4.5%	5.6%	100.0%	1.1%
Patient	60	42	58	8	10	178	2
1/1/2013 to 12/31/2013	45.9%	2.9%	40.9%	1.0%	9.3%	100.0%	1.0%
Net Revenue	\$2,539,233	\$159,940	\$2,262,693	\$53,253	\$516,176	\$5,531,296	\$53,253
		1		1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients: 0 H		Hispanic Latino Patients:	10	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	138	
15-44 yr	5	4	9	Black/ African American :	84	Unknown Ethnicity Patients	32	
45-64 yr	50	42	92	Hawaiian /Pacific Islande	4	TOTAL:	180	
65-74 yr	20	22	42	White:	60			
75 < yrs	23	14	37	Unknown:	32			
Total	98	82	180	TOTAL:	180			

Ownership, Management and General Information

Roxbury Dialysis Name:

622 Roxbury Road Address:

Rockford City: Winnebago County:

HSA:

Medicare ID: 14-2665 **Legal Entity Operator:**

Dialysis of Northern Illinois, LLC

250.0

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Stenstrom

Other Ownership:

Medical Director Name: James Stim, MD **Provides Incenter Noctural Dialysis: ✓**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Regsitered Nurse :	8
Peak Authorized Stations Operated:	16	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	3
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	21	20	21	20	21	0	20
Number of Patients Treated	39	47	40	47	36	0	45

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 108 15,560 (Beginning patients) **Number of Missed Treatments:** 524 **Average Daily Treatments:** Patients treated as of 12/31/2013:

106 (Ending patients) Average Treatment Time (min):

Total Unduplicated patients 162 treated in calendar year:

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	45	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	11	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	104%
Patients Re-Started:	1	Patients transferred out:	10	Use Rate (including Missed Treatments):	107%
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	113%
Total:	58	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	110%
		Patients deceased:	18	Renal Network Use Rate:	110%
		Total:	35		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	62.1%	9.9%	26.7%	0.6%	0.6%	100.0%	0.6%
Patient	100	16	43	1	1	161	1
1/1/2013 to 12/31/2013	54.4%	1.3%	33.3%	0.8%	10.1%	100.0%	0.8%
Net Revenue	\$2,501,246	\$61,600	\$1,531,059	\$36,817	\$463,618	\$4,594,339	\$36,817
Patients by Age	and Sev		Patients by Rac		Pat	ients by Ethnicit	W

Patients by Age and Sex			Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	0	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	0	
15-44 yr	10	5	15	Black/ African American :	35	Unknown Ethnicity Patients	162	
45-64 yr	25	22	47	Hawaiian /Pacific Islande	0	TOTAL:	162	
65-74 yr	39	35	74	White:	79			
75 < yrs	15	11	26	Unknown:	43			
Total	89	73	162	TOTAL:	162			

Ownership, Management and General Information

Rush University Dialysis Name: Address:

1653 West Congress Parkway

Chicago City: Cook County: HSA: 6 Medicare ID: 14-2312 **Legal Entity Operator:**

Rush University Medical Center

Legal Entity Owner:

Ownership Type: Other Not for Profit Corp **Property Owner:** Rush University Medical Center

Other Ownership:

Deepa H. Chand, MD, MHSA **Medical Director Name:**

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT							
Authorized Stations as of 12/31/2013:	Full-Time Work Week:	40						
Certified Stations by CMS:	Regsitered Nurse :	3						
Peak Authorized Stations Operated:	Dialysis Technician :	0						
Authorized Stations Setup and Staffed in Oct 1-7:	5	Dietician :	0					
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0					
(subset of authorized stations)		LPN:	0					
Number of Shifts Operated per day		Other Health :	0					
		Other Non-Health:	0					
Dialysis Station Utilization for the Week of Oct 1 - 7								

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	10	10	10	0	0	10	
Number of Patients Treated	0	9	0	9	0	0	9	

Facility Utilization Information

Patients treated as of 1/1/2013:

Facility Reported Patient Information

6

(Beginning patients) Patients treated as of 12/31/2013: 11 (Ending patients)

Total Unduplicated patients treated in calendar year:

Facility Reported Treatment Information

In-Center Treatments in calendar year: 1,132 **Number of Missed Treatments:** 0

Average Daily Treatments:

Average Treatment Time (min): 120.0

LOSSES to the FACILITY ADDITIONS to the FACILITY

New Patients: 5 **Transient Patients:** 1 Patients Re-Started: 0 **Post-Transplant Patien** 0 Total:

Recovered patients: 0 **Transplant Recipients:** 0 Patients transferred out: 1 Patients voluntarily discontinued 0 Patients lost to follow up: 0 Patients deceased: 0 Total:

12

1

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): 4,680 Use Rate (Treatments/Treatment capacity): 24% **Use Rate (including Missed Treatments):** 24% Use Rate (Begining patients treated): 20% Use Rate (Year end Patients/Stations*6): 37% **Renal Network Use Rate:** 17%

Patients and Net Revenue by Payor Source

		Medic	care	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		9	0.1%	72.7%	9.1%	9.1%	0.0%	100.0%	9.1%
Patient			1	8	1	1	0	11	1
7/1/2012 to	6/30/2013	#N	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue			\$0	\$0	\$0	\$0	\$0	\$0	\$0
Patients by Age and Sex					Patients by Rac	Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino Pa	itients:	1
<14 yrs	4	0	4	Native	e American/ Indian:	0	Non-Hispanic Latino Patien		11
15-44 yr	6	2	8	Black	/ African American :	8	Unknown Ethnicity Patients		0
45-64 yr	0	0	0	Hawa	iian /Pacific Islande	0	TOTAL:		12
65-74 yr	0	0	0	White) :	4			
75 < yrs	0	0	0	Unkn	own:	0			
Total	10	2	12	TOTA	L:	12			

Part 2 Financial and Capital expenditures data is not entered here because this is not a freestanding dialysis center. It is part of the pediatrics program of Rush University Medical Center. Comprehensive RUMC financial and capital expenditures information will be provided by March 31 in the Annual Hospital Questionnaire.

Ownership, Management and General Information

Name: Rushville Dialysis

14-2620

Address: 112 Sullivan Drive City: Rushville

County: Schuyler HSA: 3

Medicare ID:

Legal Entity Operator:

DVA Renal Healthcare, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Stan Silverio

Other Ownership:

Medical Director Name: Dr Allen Krall
Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALED	<u> TV</u>

Authorized Stations as of 12/31/2013: 8 **Full-Time Work Week:** 32 **Certified Stations by CMS:** 8 Regsitered Nurse: 1 **Peak Authorized Stations Operated:** 8 Dialysis Technician: 1 Authorized Stations Setup and Staffed in Oct 1-7: 8 Dietician: 1 Isolation Stations Set up in Oct 1-7: 1 Social Worker: 1 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	15	0	15	0	0	15
Number of Patients Treated	0	16	0	18	0	0	17

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 22 In-Center Treatments in calendar year: 3,091 (Beginning patients) Number of Missed Treatments: 41

Patients treated as of 12/31/2013:

Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 210.0

Total Unduplicated patients 38 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	13	Recovered patients:	0	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	3	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	41%
Patients Re-Started:	0	Patients transferred out:	6	Use Rate (including Missed Treatments):	42%
Post-Transplant Patien	0	Patients voluntarily discontinued	8	Use Rate (Begining patients treated):	46%
Total:	16	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	40%
		Patients deceased:	2	Renal Network Use Rate:	40%
		Total:	16		

Patients and Net Revenue by Payor Source

86.5% 2.7% 8.1% 2.7% 0.0% 100.0% Patient 32 1 3 1 0 37	86.5% 2.7% 8.1% 2.7%	
	20.070 2.170 2.170	0.0% 100.0% 2.7%
W/8818	32 1 3 1	0 37
1/1/2013 to 12/31/2013 67.8% 2.6% 21.6% 0.8% 7.3% 100.0% Net Revenue \$596,308 \$22,489 \$189,888 \$7,332 \$63,903 \$879,921	67.8% 2.6% 21.6% 0.8% \$596,308 \$22,489 \$189,888 \$7,332 \$63	7.3% 100.0% 0.89 903 \$879,921 \$7,332

Pat	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3		
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	35		
15-44 yr	3	1	4	Black/ African American :	1	Unknown Ethnicity Patients	0		
45-64 yr	2	8	10	Hawaiian /Pacific Islande	0	TOTAL:	38		
65-74 yr	5	6	11	White:	37				
75 < yrs	7	6	13	Unknown:	0				
Total	17	21	38	TOTAL:	38				

Ownership, Management and General Information

Name: SAH Dia

SAH Dialysis Center @ 26th Street

Address:

3059 W. 26th Street

City: Chicago
County: Cook

HSA: 6 Medicare ID: 14-2758 Legal Entity Operator:

Legal Entity Owner:

Ownership Type: Church-Related

Saint Anthony Hospital

Property Owner: Chicago Title Land Trust # 22630

Other Ownership:

Medical Director Name: Dr. Izabella Gurau Provides Incenter Noctural Dialysis:

8

6

Drivato Day

0

0

Other Bublic

0

0

8

6

TOTAL

Charity Caro

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT								
Authorized Stations as of 12/31/2013:	15		Full-Time Work Week:			4	0		
Certified Stations by CMS:	15		Regsiter			1			
Peak Authorized Stations Operated:	9		Dialysis	Technician	:		0		
Authorized Stations Setup and Staffed in Oct 1-7:	9		Dieticiar		0				
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				0		
(subset of authorized stations)			LPN:				0		
Number of Shifts Operated per day			Other Health :				0		
			Other No	on-Health:			0		
Dialysis Station Utilization for the Week of Oct 1 - 7									
Date of Operation Oct	1 Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7			

0

0

Facility Utilization Information

Hours operated

Number of Patients Treated

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 0 In-Center Treatments in calendar year: 286 (Beginning patients) Number of Missed Treatments: 12

8

6

Patients treated as of 12/31/2013: 9 Average Daily Treatments:

Modicaid

0

0

(Ending patients)

Average Treatment Time (min): 210.0

Total Unduplicated patients 9 treated in calendar year:

Modicaro

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONO TO THE LACIENT				OCE WATE TO THE PAGE IT				
New Patients:	9	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,040			
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	2%			
Patients Re-Started:	0	Patients transferred out:	0	Use Rate (including Missed Treatments):	2%			
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	0%			
Total:	9	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	10%			
		Patients deceased:	0	Renal Network Use Rate:	0%			
		Total:	Λ					

Patients and Net Revenue by Payor Source

Private Incurance

		weard	care in	nedicaid	Private insurance	Private Pay	Other Public	IOTAL	Charity Care
		44	1.4%	33.3%	0.0%	22.2%	0.0%	100.0%	0.0%
Patient			4	3	0	2	0	9	0
7/1/2012 to	6/30/2013	# / \	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue			\$0	\$0	\$0	\$0	\$0	\$0	\$0
Patients by Age and Sex					Patients by Rac	Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino Pa	atients:	7
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Lati	no Patien	2
15-44 yr	0	3	3	Black	/ African American :	2	Unknown Ethnicity Patients		0
45-64 yr	2	1	3	Hawa	iian /Pacific Islande	0	TOTAL:		9
65-74 yr	1	1	2	White) :	7			
75 < yrs	1	0	1	Unkn	own:	0			
Total	4	5	9	TOTA	L:	9			

[&]quot;Our most recent fiscal year ended June 30, 2013. Our ESDR facility began operations on July 1, 2013. Therefore, there is no financial information to report for the last fiscal year. We will begin reporting financial information with our next fiscal year end."

Ownership, Management and General Information

Satellite Dialysis of Glenview Name:

2601 Compass Road Address:

14-2746

Glenview City: Cook County: HSA:

Medicare ID:

Legal Entity Operator: Satellite Healthcare, Inc. **Legal Entity Owner:**

Ownership Type: Other Not for Profit Corp **Property Owner:** White Oak Glenview, LP c/o Manning Silverman &

Other Ownership:

Medical Director Name: Stuart Sprague, DO **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	36
Certified Stations by CMS:	16	Regsitered Nurse :	2
Peak Authorized Stations Operated:	16	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	2
		Other Non-Health:	0

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	8	12	8	12	0	0	12	
Number of Patients Treated	0	20	0	24	0	0	24	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 12 2,833 (Beginning patients) **Number of Missed Treatments:** 10

Average Daily Treatments: Patients treated as of 12/31/2013: 25 Average Treatment Time (min): 210.0

(Ending patients) **Total Unduplicated patients** 42

treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
---------------------------	------------------------	---------------------------

ADDITIONO TO THE LAC	<u>/ L </u>	<u> </u>		OOL NATE TO THE LAGIETT	
New Patients:	32	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	19%
Patients Re-Started:	0	Patients transferred out:	14	Use Rate (including Missed Treatments):	19%
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	13%
Total:	33	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	26%
		Patients deceased:	4	Renal Network Use Rate:	28%
		Total:	20		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	85.7%	4.8%	9.5%	0.0%	0.0%	100.0%	0.0%
Patient	36	2	4	0	0	42	0
1/1/2013 to 12/31/2013	59.7%	1.1%	39.2%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$638,500	\$11,662	\$419,321	\$0	\$0	\$1,069,483	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	У
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	9	Hispanic Latino	Patients:	3
	_			_			

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	9	Hispanic Latino Patients:	3
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	39
15-44 yr	1	2	3	Black/ African American :	3	Unknown Ethnicity Patients	0
45-64 yr	5	4	9	Hawaiian /Pacific Islande	0	TOTAL:	42
65-74 yr	5	6	11	White:	30		
75 < yrs	12	7	19	Unknown:	0		
Total	23	19	42	TOTAL:	42		

Ownership, Management and General Information

Name:

Sauget Dialysis

Address: City:

2061 Goose Lake Road

County: HSA:

Medicare ID:

East St Louis St. Clair 11 14-2561

Legal Entity Operator:

Legal Entity Owner:

For Profit Corporation Ownership Type: **Property Owner:** Union Planter Trust Other Ownership: For Profit Corperation

Medical Director Name: Rashid Dalal **Provides Incenter Noctural Dialysis:**

Davita

STATION INFORMATION FACIL	ITY STAFFING - FULL TIME EQUIVALENT
---------------------------	-------------------------------------

Authorized Stations as of 12/31/2013:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Regsitered Nurse :	5
Peak Authorized Stations Operated:	16	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
• • •		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	14	13	14	13	0	14
Number of Patients Treated	33	39	36	39	36	0	40

Facility Utilization Information

Facility Reported Patient Information

Total:

Facility Reported Treatment Information

Patients treated as of 1/1/2013:

In-Center Treatments in calendar year:

10.168

(Beginning patients)

Number of Missed Treatments:

1,269

Patients treated as of 12/31/2013: (Ending patients)

Average Daily Treatments: Average Treatment Time (min):

207.0

68%

76%

81%

83%

83%

Total Unduplicated patients

treated in calendar year:

ADDITIONS to the FACILITY

ABBITIONS to the 17th	,
New Patients:	13
Transient Patients:	23
Patients Re-Started:	2
Post-Transplant Patien	1
Total:	39

LOSSES to the FACILITY 0 Recovered patients: **Transplant Recipients:** 2 Patients transferred out: 30 Patients voluntarily discontinued 2 Patients lost to follow up: 0 Patients deceased: 6

78

80

117

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): 14,976 Use Rate (Treatments/Treatment capacity): Use Rate (including Missed Treatments): Use Rate (Begining patients treated): Use Rate (Year end Patients/Stations*6): **Renal Network Use Rate:**

Patients and Net Revenue by Payor Source

40

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	77.6%	13.8%	7.8%	0.9%	0.0%	100.0%	0.9%
Patient	90	16	9	1	0	116	1
1/1/2013 to 12/31/2013	64.1%	10.1%	11.0%	0.5%	14.3%	100.0%	0.5%
Net Revenue	\$1,746,570	\$275,590	\$299,163	\$13,110	\$389,741	\$2,724,175	\$13,110

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	117
15-44 yr	4	5	9	Black/ African American :	90	Unknown Ethnicity Patients	0
45-64 yr	43	39	82	Hawaiian /Pacific Islande	0	TOTAL:	117
65-74 yr	13	11	24	White:	27		
75 < yrs	1	1	2	Unknown:	0		
Total	61	56	117	TOTAL:	117		

Ownership, Management and General Information

Name: Shelbyville Community Dialysis

Address: 450 Heinlein Drive

City: Shelbyville
County: Shelby
HSA: 4
Medicare ID: 14-2624

Legal Entity Operator:

Renal Therapies, LLC d/b/a Shelbyville dialysis

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: John D. & Linda M Hodel

Other Ownership:

Medical Director Name: M. Qureshi, MD Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2013:	9	Full-Time Work Week:	35
Certified Stations by CMS:	9	Regsitered Nurse :	3
Peak Authorized Stations Operated:	9	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
• • •		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	8	11	8	11	0	0	11	
Number of Patients Treated	0	15	0	14	0	0	14	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 19 In-Center Treatments in calendar year: 2,475 (Beginning patients) Number of Missed Treatments: 38 Patients treated as of 12/31/2013: 40 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 210.0

Total Unduplicated patients 26 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONO LO LITO I ALO				<u> </u>	
New Patients:	4	Recovered patients:	0	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	2	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	29%
Patients Re-Started:	0	Patients transferred out:	4	Use Rate (including Missed Treatments):	30%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	35%
Total:	6	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	30%
		Patients deceased:	1	Renal Network Use Rate:	30%
		Total:	7		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	84.6%	7.7%	3.8%	0.0%	3.8%	100.0%	0.0%
Patient	22	2	1	0	1	26	0
1/1/2013 to 12/31/2013	82.9%	4.3%	12.8%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$1,296,886	\$67,605	\$199,792	\$0	\$0	\$1,564,283	\$0
Patients by Age and Sex			Patients by Race		Pat	ients by Ethnicit	v

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	0
15-44 yr	0	2	2	Black/ African American :	0	Unknown Ethnicity Patients	26
45-64 yr	4	1	5	Hawaiian /Pacific Islande	0	TOTAL:	26
65-74 yr	5	4	9	White:	26		
75 < yrs	6	4	10	Unknown:	0		
Total	15	11	26	TOTAL:	26		

Ownership, Management and General Information

Name:

Shiloh Dialysis

Address:

1095 NORTH GREEN MOUNT RD

SHII OH City:

St. Clair County: HSA: 11 Medicare ID: 14-2753 **Legal Entity Operator:**

Davita Healthcare Partners Inc.

FACILITY STAFFING - FULL TIME EQUIVALENT

Legal Entity Owner:

Ownership Type:

For Profit Corporation

Property Owner: Threlkeld Family Investment, LLC

Other Ownership:

Medical Director Name: Dr. Rashid Dalal **Provides Incenter Noctural Dialysis:**

|--|

Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	1
Peak Authorized Stations Operated:	12	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	8	0	8	0	0	8
Number of Patients Treated	0	8	0	8	0	0	8

Facility Utilization Information

Facility Reported Patient Information

Facility Reported Treatment Information

Patients treated as of 1/1/2013:

1

In-Center Treatments in calendar year: 702 **Number of Missed Treatments:** 12

(Beginning patients)

Average Daily Treatments:

Patients treated as of 12/31/2013:

(Ending patients)

14 16

Average Treatment Time (min): 210.0

Total Unduplicated patients

treated in calendar year: **ADDITIONS to the FACILITY**

USE RATE for the FACILITY

11,232

6%

6%

1%

19%

19%

New Patients:	13
Transient Patients:	2
Patients Re-Started:	0
Post-Transplant Patien	0
Total:	15

LOSSES to the FACILITY Recovered patients: 0 **Transplant Recipients:** 0 Patients transferred out: 2 Patients voluntarily discontinued 0 Patients lost to follow up: 0 Patients deceased: 2 Total: 4

Treatment Capacity/year (based on Stations): Use Rate (Treatments/Treatment capacity): **Use Rate (including Missed Treatments):** Use Rate (Begining patients treated): Use Rate (Year end Patients/Stations*6): **Renal Network Use Rate:**

Patients and Net Revenue by Payor Source

		Medic	care	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		81	.3%	0.0%	12.5%	0.0%	6.3%	100.0%	0.0%
Patient			13	0	2	0	1	16	0
1/1/2013 to	12/31/2013	29	0.0%	0.0%	70.0%	0.0%	0.9%	100.0%	0.0%
Net Revenue		\$160,69	96	\$0	\$387,707	\$0	\$5,130	\$553,533	\$0
Patients by Age and Sex Patients by Race				<u>e</u>	<u>Pati</u>	ents by Ethnicit	¥		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	tino Patien	16
15-44 yr	0	1	1	Black	d African American :	11	Unknown Ethnic	ity Patients	0

AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	16
15-44 yr	0	1	1	Black/ African American :	11	Unknown Ethnicity Patients	0
45-64 yr	3	3	6	Hawaiian /Pacific Islande	0	TOTAL:	16
65-74 yr	3	2	5	White:	4		
75 < yrs	3	1	4	Unknown:	1		
Total	9	7	16	TOTAL:	16		

Ownership, Management and General Information

Silver Cross Renal Center Name: 1860 Silver Cross Boulevard Address:

New Lenox City: County: Will HSA: 9 Medicare ID: 14-2741

Legal Entity Operator:

Total Renal Care, Inc

Legal Entity Owner: Ownership Type:

For Profit Corporation NexCore Properties, LLC

Property Owner: Other Ownership:

Medical Director Name: Dr. Nailia Ahmed **Provides Incenter Noctural Dialysis:**

			ME EQUIVALENT
Authorized Stations as of 12/31/2013:	19	Full-Time Work Week:	40
Certified Stations by CMS:	19	Regsitered Nurse :	4
Peak Authorized Stations Operated:	19	Dialysis Technician:	8
Authorized Stations Setup and Staffed in Oct 1-7:	19	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	2
		Other Non-Health:	0

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	16	0	16	
Number of Patients Treated	27	34	29	33	31	0	37	

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 84 10,847 (Beginning patients) **Number of Missed Treatments:** 3

Average Daily Treatments: Patients treated as of 12/31/2013: 83

(Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 145 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
---------------------------	------------------------	---------------------------

ADDITIONS to the 17th	<u> </u>			002 11/112 10: 1110 1710 12:11 1	
New Patients:	92	Recovered patients:	4	Treatment Capacity/year (based on Stations):	17,784
Transient Patients:	4	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	61%
Patients Re-Started:	2	Patients transferred out:	26	Use Rate (including Missed Treatments):	61%
Post-Transplant Patien	0	Patients voluntarily discontinued	10	Use Rate (Begining patients treated):	74%
Total:	98	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	73%
		Patients deceased:	21	Renal Network Use Rate:	73%
		Total:	66		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	80.0%	5.5%	12.4%	2.1%	0.0%	100.0%	0.0%
Patient	116	8	18	3	0	145	0
1/1/2013 to 12/31/2013	61.6%	2.6%	34.5%	1.3%	0.0%	100.0%	1.3%
Net Revenue	\$1,843,131	\$77,206	\$1,031,568	\$37,982	\$0	\$2,989,886	\$37,982

<u>Pat</u>	ients by Ag	<u>e and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	16
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	129
15-44 yr	8	5	13	Black/ African American :	42	Unknown Ethnicity Patients	0
45-64 yr	26	22	48	Hawaiian /Pacific Islande	1	TOTAL:	145
65-74 yr	18	21	39	White:	102		
75 < yrs	26	19	45	Unknown:	0		
Total	78	67	145	TOTAL:	145		

Ownership, Management and General Information

Name: Springfield South Address: 2930 South 6th Street

City: Springfield County: Sangamon

HSA: 3

Medicare ID: 14-2733

Legal Entity Operator:

perator: Springfield South Dialysis

Legal Entity Owner:

Ownership Type: Limited Liability Partner

Property Owner: William Furling

Other Ownership:

Medical Director Name: Dr. Lawrence Smith Provides Incenter Noctural Dialysis:

10

12

0

0

0

0

10

14

STATION INFORMATION				FACILITY	STAFFING	- FULL TIM	E EQUIVALE	<u>ENT</u>
Authorized Stations as of 12/31/2013:		12		Full-Time	e Work Wee	k:		40
Certified Stations by CMS:		12		Regsiter	ed Nurse :			1
Peak Authorized Stations Operated:		12		Dialysis	Technician	:		1
Authorized Stations Setup and Staffed in Oct 1-7	7:	12		Dietician):			0
Isolation Stations Set up in Oct 1-7:		1		Social W	orker:			0
(subset of authorized stations)				LPN:				1
Number of Shifts Operated per day				Other He	ealth:			0
				Other No	on-Health:			0
<u>Dialysis S</u>	tation Utili	zation for th	e Week of (Oct 1 - 7				
Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	

0

0

Facility Utilization Information

Hours operated

Number of Patients Treated

Facility Reported Patient Information Facility Reported Treatment Information

10

13

Patients treated as of 1/1/2013: 11 In-Center Treatments in calendar year: 178 (Beginning patients) Number of Missed Treatments: 57

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 210.0

Total Unduplicated patients 27 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

0

0

Recovered patients: **New Patients:** 0 Treatment Capacity/year (based on Stations): 11,232 7 Use Rate (Treatments/Treatment capacity): **Transient Patients: Transplant Recipients:** 0 2% Patients Re-Started: 0 Patients transferred out: 9 Use Rate (including Missed Treatments): 2% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 15% Total: 13 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 19% Patients deceased: **Renal Network Use Rate:** 19% 1 Total: 10

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Patient	27	0	0	0	0	27	0
1/1/2013 to 12/31/2013	52.7%	0.3%	47.0%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$1,098,210	\$5,380	\$979,550	\$0	\$0	\$2,083,140	\$0
Patients by Age	and Sex		Patients by Race	e	Pat	ients by Ethnicit	v

Pat	ients by Ag	<u>e and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	27
15-44 yr	1	1	2	Black/ African American :	10	Unknown Ethnicity Patients	0
45-64 yr	5	7	12	Hawaiian /Pacific Islande	0	TOTAL:	27
65-74 yr	5	1	6	White:	17		
75 < yrs	2	5	7	Unknown:	0		
Total	13	14	27	TOTAL:	27		

Ownership, Management and General Information

Stonecrest Dialysis Name:

1302 East State Street Address: Rockford

City: Winnebago County:

HSA:

Medicare ID: 14-2615 **Legal Entity Operator:**

Total Renal Care, INC

Legal Entity Owner:

Ownership Type:

For Profit Corporation Winget Russ

Property Owner: Other Ownership:

Medical Director Name: Joanna Niemiec **Provides Incenter Noctural Dialysis:**

Authorized Stations as of 12/31/2013:	11	Full-Time Work Week:	40
Certified Stations by CMS:	11	Regsitered Nurse :	2
Peak Authorized Stations Operated:	11	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	11	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	16	0	16
Number of Patients Treated	29	31	25	29	28	0	30

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 55 11,729 (Beginning patients) **Number of Missed Treatments:** 727

Average Daily Treatments: Patients treated as of 12/31/2013: 64 (Ending patients) Average Treatment Time (min): 225.0

Total Unduplicated patients 93 treated in calendar year:

ADDITIONS to the FACILITY

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY			
New Patients:	31	Recovered patients:	0	Treatment Capacity/year (based on Stations):	10,296		
Transient Patients:	8	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	114%		
Patients Re-Started:	0	Patients transferred out:	19	Use Rate (including Missed Treatments):	121%		
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	83%		
Total:	39	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	97%		
		Patients deceased:	4	Renal Network Use Rate:	97%		
		Total:	29				

Patients and Net Revenue by Payor Source

Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
72.0%	18.3%	7.5%	2.2%	0.0%	100.0%	0.0%
67	17	7	2	0	93	0
60.9%	9.6%	22.0%	1.3%	6.2%	100.0%	1.3% \$35,224
	72.0% 67 60.9%	72.0% 18.3% 67 17	72.0% 18.3% 7.5% 67 17 7 60.9% 9.6% 22.0%	72.0% 18.3% 7.5% 2.2% 67 17 7 2 60.9% 9.6% 22.0% 1.3%	72.0% 18.3% 7.5% 2.2% 0.0% 67 17 7 2 0 60.9% 9.6% 22.0% 1.3% 6.2%	72.0% 18.3% 7.5% 2.2% 0.0% 100.0% 67 17 7 2 0 93 60.9% 9.6% 22.0% 1.3% 6.2% 100.0%

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	5	Hispanic Latino Patients:	18
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	73
15-44 yr	7	6	13	Black/ African American :	35	Unknown Ethnicity Patients	2
45-64 yr	21	18	39	Hawaiian /Pacific Islande	0	TOTAL:	93
65-74 yr	9	12	21	White:	51		
75 < yrs	10	10	20	Unknown:	2		
Total	47	46	93	TOTAL:	93		

Ownership, Management and General Information

Sun Health Name:

2121 Oneida Street Address:

.loliet City: Will County: HSA:

Medicare ID:

9 14-2553 **Legal Entity Operator:**

Sun Health Inc/ Bhuvan Chawla M.D.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Triumph Real Estate Partnership

Other Ownership:

Medical Director Name: Bhuvan Chawla M.D. **Provides Incenter Noctural Dialysis:**

15.5

32

11

22

0

0

15.5

33

STATION INFORMATION	STATION INFORMATION						NT		
Authorized Stations as of 12/31/2013:	17		Full-Time Work Week:				30		
Certified Stations by CMS:	17		Regsiter	ed Nurse :			5		
Peak Authorized Stations Operated:	16		Dialysis	Technician	:		8		
Authorized Stations Setup and Staffed in Oct 1-7:	15		Dietician :				1		
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				1		
(subset of authorized stations)			LPN:				1		
Number of Shifts Operated per day			Other Health :				0		
			Other No	on-Health:			3		
Dialysis Station Utilization for the Week of Oct 1 - 7									
Date of Operation Oc	t 1 Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7			

11

19

Facility Utilization Information

Hours operated

Facility Reported Patient Information Facility Reported Treatment Information

15.5

31

Patients treated as of 1/1/2013: 56 In-Center Treatments in calendar year: 8.152 (Beginning patients) **Number of Missed Treatments:** 26

Average Daily Treatments: Patients treated as of 12/31/2013: 53

11

19

(Ending patients) Average Treatment Time (min): 260.0

Total Unduplicated patients 75 treated in calendar year:

Number of Patients Treated

LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY Recovered patients: **New Patients:** 20 0 Treatment Capacity/year (based on Stations):

15,912 Use Rate (Treatments/Treatment capacity): **Transient Patients:** 1 **Transplant Recipients:** 2 51% Patients Re-Started: 0 Patients transferred out: 14 Use Rate (including Missed Treatments): 51% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 55% Total: 21 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 52% Patients deceased: **Renal Network Use Rate:** 52% 17

> Total: 33

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	85.3%	1.3%	12.0%	0.0%	1.3%	100.0%	0.0%
Patient	64	1	9	0	1	75	0
1/1/2013 to 12/31/2013	54.9%	2.1%	42.9%	0.1%	0.0%	100.0%	0.0%
Net Revenue	\$1,360,758	\$53,139	\$1,063,032	\$2,748	\$0	\$2,479,677	\$0
		ĺ			_		

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Patients by Age and Sex			Patients by Ra	<u>ce</u>	Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	9	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	66	
15-44 yr	1	1	2	Black/ African American :	17	Unknown Ethnicity Patients	0	
45-64 yr	15	6	21	Hawaiian /Pacific Islande	1	TOTAL:	75	
65-74 yr	12	9	21	White:	56			
75 < yrs	17	14	31	Unknown :	0			
Total	45	30	75	TOTAL:	75			
				I .		ļ		

STATION INFORMATION

Ownership, Management and General Information

Name:

Timber Creek Dialysis

Address:

1001 S. ANNIE GLIDDEN ROAD

DEKALB City: DeKalb County:

HSA: Medicare ID: 14-2763 **Legal Entity Operator:**

Dialysis of Northern Illinois, LLC

FACILITY STAFFING FULL TIME FOLIVALENT

0

11,232

3%

3%

0%

35%

35%

Legal Entity Owner:

Limited Liability Partner Ownership Type: **Property Owner:** Glidden Station, LLC

Other Ownership:

Medical Director Name: Dr. Bindu Pavithran **Provides Incenter Noctural Dialysis:**

STATION INFORMATION			
12	Full-Time Work Week:	36	
12	Regsitered Nurse :	0	
12	Dialysis Technician :	1	
12	Dietician :	0	
1	Social Worker:	0	
	LPN:	0	
	Other Health :	0	
	12 12	12 Regsitered Nurse: 12 Dialysis Technician: 12 Dietician: 1 Social Worker: LPN:	

Other Non-Health:

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	8	0	8	0	0	8	
Number of Patients Treated	0	1	0	1	0	0	1	

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2013: 0 (Beginning patients)

Patients treated as of 12/31/2013:

(Ending patients)

Total Unduplicated patients treated in calendar year:

25 24

Facility Reported Treatment Information

In-Center Treatments in calendar year: 372 **Number of Missed Treatments:** 20

Average Daily Treatments:

Average Treatment Time (min): 240.0

LOSSES to the FACILITY ADDITIONS to the FACILITY

New Patients: 19 **Transient Patients:** 18 Patients Re-Started: 0 **Post-Transplant Patien** 0 Total: 37

Recovered patients: 1 **Transplant Recipients:** 0 Patients transferred out: 2 Patients voluntarily discontinued 1 Patients lost to follow up: 0 Patients deceased: 0 Total: 4

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): Use Rate (Treatments/Treatment capacity): **Use Rate (including Missed Treatments):** Use Rate (Begining patients treated): Use Rate (Year end Patients/Stations*6): **Renal Network Use Rate:**

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	75.0%	4.2%	20.8%	0.0%	0.0%	100.0%	0.0%
Patient	18	1	5	0	0	24	0
1/1/2013 to 12/31/2013 Net Revenue	<i>52.4%</i> \$85.516	1.1% \$1.722	<i>45.3%</i> \$73.988	1.3% \$2.065	0.0% \$0	100.0% \$163.291	1.3% \$2,065
Net Revenue	\$85,516	\$1,722	\$73,988	\$2,065	\$0	\$163,291	\$2,0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	23
15-44 yr	2	6	8	Black/ African American :	8	Unknown Ethnicity Patients	0
45-64 yr	3	0	3	Hawaiian /Pacific Islande	0	TOTAL:	24
65-74 yr	1	3	4	White:	16		
75 < yrs	3	6	9	Unknown:	0		
Total	9	15	24	TOTAL:	24		

Ownership, Management and General Information

Tri-Cities Dialysis, LLC Name: 306 Randall Road Address:

Geneva City: Kane County:

HSA: 8 **Medicare ID:** 14-2614 **Legal Entity Operator:**

Renaissance Management Co., LLC (operates) Tri-

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Delnor Community Healthcare Foundation

Other Ownership:

Medical Director Name: Dr. Harry Rubinstein **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT					
Authorized Stations as of 12/31/2013:	20		Full-Time Work Week:				40
Certified Stations by CMS:	20		Regsiter	red Nurse :			5
Peak Authorized Stations Operated:	19		Dialysis	Technician	:		8
Authorized Stations Setup and Staffed in Oct 1-7:	18		Dietician :				0
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				0
(subset of authorized stations)			LPN:				0
Number of Shifts Operated per day			Other Ho	ealth :			0
			Other No	on-Health:			2
<u>Dialysis Station U</u>	tilization for th	ne Week of	Oct 1 - 7				
Date of Operation Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated 13	18	13	18	13	0	18	

27

45

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2013: 87 (Beginning patients)

Patients treated as of 12/31/2013: 64 (Ending patients)

Number of Patients Treated

Total Unduplicated patients

Facility Reported Treatment Information

0

44

18,720

61%

62%

73%

53%

54%

In-Center Treatments in calendar year: 11.415 **Number of Missed Treatments:** 219

29

Average Daily Treatments:

44

Average Treatment Time (min): 240.0

treated in calendar year:

Medicare

78.9%

97

ADDITIONS to the FAC	<u>ILITY</u>
New Patients:	30
Transient Patients:	8
Patients Re-Started:	0
Post-Transplant Patien	0
Total:	38

Patient

LOSSES to the FACILITY Recovered patients: 8 **Transplant Recipients:** 2 Patients transferred out: 31 Patients voluntarily discontinued 1 Patients lost to follow up: 0 Patients deceased: 19 Total: 61

Medicaid

123

23

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): Use Rate (Treatments/Treatment capacity): Use Rate (including Missed Treatments): Use Rate (Begining patients treated): Use Rate (Year end Patients/Stations*6): **Renal Network Use Rate:**

<u>Patients</u>	and Net Revenue by F	Payor Source				
Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care	
1.6%	19.5%	0.0%	0.0%	100.0%	0.0%	
2	24	0	0	123	0	

1/1/2013 to 1	2/31/2014	60.9	9%	1.1%	37.9%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$2,326,136	5 \$4	3,796	\$1,447,609	\$0	\$0	\$3,817,541	\$0
Pat	ients by Ag	<u>je and Sex</u>			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian P	atients:	1	Hispanic Latino	Patients:	13
<14 yrs	0	0	0	Native A	American/ Indian:	0	Non-Hispanic La	atino Patien	110
15-44 yr	7	4	11	Black/ A	African American :	11	Unknown Ethnic	city Patients	0
45-64 yr	21	7	28	Hawaiia	ın /Pacific Islande	0	TOTAL:		123
65-74 yr	16	11	27	White:		111			
75 < yrs	29	28	57	Unknow	vn :	0			
Total	73	50	123	TOTAL:		123			

STATION INFORMATION

Ownership, Management and General Information

Name: U.S. Renal Care Oak Brook Dialysis

Address: 1201-B Butterfield Rd

City: Downers Grove
County: DuPage

HSA: 7 **Medicare ID:** 14-2750

Legal Entity Operator:

U.S. Renal Care Oak Brook Dialysis

EACH ITY STAFFING - FILL TIME FOLLIVALENT

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: FL Cedar 2, LLC

Other Ownership:

Medical Director Name: Anis Rauf

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	13	Full-Time Work Week:	32	
Certified Stations by CMS:	13	Regsitered Nurse :	2	
Peak Authorized Stations Operated:	13	Dialysis Technician :	3	
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1	
(and a start and another start and at a time and			^	

Isolation Stations Set up in Oct 1-7:1Social Worker:1(subset of authorized stations)LPN:0Number of Shifts Operated per dayOther Health:0Other Non-Health:0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	15	12	15	15	0	15
Number of Patients Treated	0	14	0	19	0	0	18

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 4 In-Center Treatments in calendar year: 2,215 (Beginning patients) Number of Missed Treatments: 247

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 213.0

Total Unduplicated patients 30

Total Unduplicated patients
treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONO TO THE LAC	<u> </u>	<u> </u>		OOL KATE TOT THE T ACIETY I	
New Patients:	29	Recovered patients:	0	Treatment Capacity/year (based on Stations):	12,168
Transient Patients:	1	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	18%
Patients Re-Started:	0	Patients transferred out:	4	Use Rate (including Missed Treatments):	20%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	5%
Total:	30	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	40%
		Patients deceased:	1	Renal Network Use Rate:	44%
		Total:	6		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	76.7%	0.0%	23.3%	0.0%	0.0%	100.0%	0.0%
Patient	23	0	7	0	0	30	0
1/1/2012 to 12/31/2012	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	53.2%
Net Revenue	\$0	\$0	\$76,919	\$0	\$0	\$76,919	\$40,884

<u>Pat</u>	tients by Ac	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	28
15-44 yr	2	0	2	Black/ African American :	6	Unknown Ethnicity Patients	0
45-64 yr	5	6	11	Hawaiian /Pacific Islande	0	TOTAL:	30
65-74 yr	6	4	10	White:	24		
75 < yrs	6	1	7	Unknown:	0		
Total	19	11	30	TOTAL:	30		

Ownership, Management and General Information

University of Illinois Hospital Dialysis Name:

1859 West Taylor Address:

14-2316

City: Cook County: HSA: 6

Medicare ID:

Legal Entity Owner: Chicago

The Board of Trustees of the University of Illino

Ownership Type: Other Governmental (speci

Property Owner: The Board of Trustees of The University of Illinoi

Other Ownership:

Legal Entity Operator:

Medical Director Name: Dr. Jose A. Arruda **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQ	<u> UIVALENT</u>
orized Stations as of 12/31/2013:	26	Full-Time Work Week:	40

Autho Certified Stations by CMS: 26 Regsitered Nurse: 12 **Peak Authorized Stations Operated:** 24 Dialysis Technician: 23 Authorized Stations Setup and Staffed in Oct 1-7: 24 Dietician: 1 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 23 Other Non-Health: 8

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	18	18	18	18	0	18
Number of Patients Treated	59	64	61	64	60	0	69

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 163 In-Center Treatments in calendar year: 19.126 (Beginning patients) **Number of Missed Treatments:** 924 **Average Daily Treatments:** Patients treated as of 12/31/2013: 134

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 163 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	31	Recovered patients:	0	Treatment Capacity/year (based on Stations):	24,336
Transient Patients:	0	Transplant Recipients:	11	Use Rate (Treatments/Treatment capacity):	79%
Patients Re-Started:	0	Patients transferred out:	14	Use Rate (including Missed Treatments):	82%
Post-Transplant Patien	5	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	104%
Total:	36	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	86%
		Patients deceased:	14	Renal Network Use Rate:	0%
		Total:	39		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	82.2%	13.5%	4.3%	0.0%	0.0%	100.0%	0.0%
Patient	134	22	7	0	0	163	0
7/1/2012 to 6/30/2013	12.4%	19.6%	15.5%	2.6%	50.0%	100.0%	1.3%
Net Revenue	\$148,326,720	\$235,048,794	\$185,547,106	\$31,375,443	\$600,298,063	\$1,200,596,126	\$15,694,830

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	65
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	98
15-44 yr	16	20	36	Black/ African American :	90	Unknown Ethnicity Patients	0
45-64 yr	41	25	66	Hawaiian /Pacific Islande	3	TOTAL:	163
65-74 yr	14	23	37	White:	0		
75 < yrs	11	13	24	Unknown:	70		
Total	82	81	163	TOTAL:	163		

Ownership, Management and General Information

Name: US Renal Care Bolingbrook Dialysis

Address: 396 Remington Blvd

City: Bolingbrook
County: Will
HSA: 9
Medicare ID: 14-2749

Legal Entity Operator:

U.S. Renal Care Bolingbrook Dialysis

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: PHTBolingbrook MOB, LLC

Other Ownership:

Medical Director Name: Mohammed Ahmed Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2013:	13	Full-Time Work Week:	40
Certified Stations by CMS:	13	Regsitered Nurse :	2
Peak Authorized Stations Operated:	13	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0

LPN: 0
Other Health: 0
Other Non-Health: 2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	14	0	14	0	0	14
Number of Patients Treated	0	24	0	28	0	0	29

Facility Utilization Information

Number of Shifts Operated per day

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 7 In-Center Treatments in calendar year: 3,431 (Beginning patients) Number of Missed Treatments: 403

Patients treated as of 12/31/2013: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 300.0

Total Unduplicated patients 41 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	41	Recovered patients:	2	Treatment Capacity/year (based on Stations):	12,168
Transient Patients:	0	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	28%
Patients Re-Started:	1	Patients transferred out:	4	Use Rate (including Missed Treatments):	32%
Post-Transplant Patien	3	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	9%
Total:	45	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	42%
		Patients deceased:	2	Renal Network Use Rate:	47%
		Total:	11		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	67.5%	2.5%	30.0%	0.0%	0.0%	100.0%	2.5%
Patient	27	1	12	0	0	40	1
1/1/2012 to 12/31/2012	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	4.2%
Net Revenue	\$0	\$0	\$366,136	\$0	\$0	\$366,136	\$15,512

<u>Pat</u>	tients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	7
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	34
15-44 yr	4	2	6	Black/ African American :	11	Unknown Ethnicity Patients	0
45-64 yr	13	7	20	Hawaiian /Pacific Islande	0	TOTAL:	41
65-74 yr	3	3	6	White:	26		
75 < yrs	6	3	9	Unknown:	2		
Total	26	15	41	TOTAL:	41		

Ownership, Management and General Information

US Renal Care Villa Park Dialysis Name:

200 E. North Avenue Address:

Villa Park City: DuPage County: HSA: Medicare ID: 14-2755

Legal Entity Operator:

U.S. Renal Care Villa Park Dialysis

TOTAL Charity Care

Legal Entity Owner:

Limited Liability Company Ownership Type: **Property Owner:** Royal Plaza Management, LLC

Other Ownership:

Medical Director Name: Michael Cohan **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	FACILITY STAFFING - FULL TIME 	<u>EQUIVALENT</u>	
Authorized Stations as of 12/31/2013:	13	Full-Time Work Week:	40
Certified Stations by CMS:	13	Regsitered Nurse :	3
Peak Authorized Stations Operated:	13	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	14	10	14	8	0	14
Number of Patients Treated	13	30	11	31	13	0	31

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: 3,730 Patients treated as of 1/1/2013: 0 (Beginning patients) **Number of Missed Treatments:** 344

Average Daily Treatments: Patients treated as of 12/31/2013: 51

Medicaid

(Ending patients) Average Treatment Time (min): 211.0

Total Unduplicated patients 64 treated in calendar year:

Medicare

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	64	Recovered patients:	1	Treatment Capacity/year (based on Stations):	12,168
Transient Patients:	1	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	31%
Patients Re-Started:	1	Patients transferred out:	5	Use Rate (including Missed Treatments):	33%
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	0%
Total:	67	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	65%
		Patients deceased:	3	Renal Network Use Rate:	79%
		Total:	11		

Patients and Net Revenue by Payor Source **Private Insurance**

Private Pav

Other Public

		mound		aa.a	i iivato iiicaranico	a.o . ay	Othor I done		Onany Care
		79	0.4%	3.2%	15.9%	1.6%	0.0%	100.0%	1.6%
Patient			50	2	10	1	0	63	11
1/1/2012 to	12/31/2012	#N	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue	!	(\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Patier</u>	nts by Ethnicity	¥
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	4	Hispanic Latino Pa	atients:	7
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Lati	no Patien	57
15-44 yr	4	3	7	Black	/ African American :	8	Unknown Ethnicity Patients		0
45-64 yr	10	12	22	Hawa	iian /Pacific Islande	1	TOTAL:		64
65-74 yr	7	6	13	White) :	51			
75 < yrs	11	11	22	Unkn	own:	0			
Total	32	32	64	TOTA	۱L:	64			
75 < yrs		11	22	Unkn	own :	0			

Ownership, Management and General Information

Name: USRC Streamwood Dialysis
Address: 149 East Irving Park Road

14-2738

City: Streamwood
County: Cook
HSA: 7

Medicare ID:

Legal Entity Operator:

U.S. Renal Care Streamwood Dialysis

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Inland Commercial Property Management, Inc.

Other Ownership:

Medical Director Name: Gordon Lang
Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT							
Authorized Stations as of 12/31/2013:		13		Full-Tim	e Work Wee	ek:		36
Certified Stations by CMS:		13		Regsiter	ed Nurse :			2
Peak Authorized Stations Operated:		12		Dialysis	Technician	:		3
Authorized Stations Setup and Staffed in Oct 1-7:	outhorized Stations Setup and Staffed in Oct 1-7:			Dietician :				1
Isolation Stations Set up in Oct 1-7:	ns Set up in Oct 1-7: 1 Social Worker:							1
(subset of authorized stations)				LPN:				0
Number of Shifts Operated per day				Other He	ealth :			0
				Other No	on-Health:			1
<u>Dialysis Stat</u>	ion Utili	zation for th	e Week of	Oct 1 - 7				
Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	7.5	12.5	7.5	12.5	0	0	12.5	

0

21

0

0

17

Facility Utilization Information

21

Patients treated as of 1/1/2013: 13 In-Center Treatments in calendar year: 2,805 (Beginning patients) Number of Missed Treatments: 278 Average Daily Treatments: 428 (Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 30 treated in calendar year:

Number of Patients Treated

ADDITIONS to the	<u>FACILITY</u>	LOSSES to the FACILITY		USE RATE for the FACILITY
New Patients:	11	Recovered natients:	0	Treatment Canacity/year (based on Stations)

0

12,168 **New Patients:** Treatment Capacity/year (based on Stations): Recovered patients: 2 2 **Transient Patients: Transplant Recipients:** Use Rate (Treatments/Treatment capacity): 23% Patients Re-Started: 0 Patients transferred out: 2 **Use Rate (including Missed Treatments):** 25% **Post-Transplant Patien** 0 Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 17% Total: 13 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6): 29% Patients deceased: **Renal Network Use Rate:** 35% 1 Total: 6

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	60.0%	3.3%	13.3%	0.0%	23.3%	100.0%	0.0%
Patient	18	1	4	0	7	30	0
1/1/2012 to 12/31/2012	17.2%	0.0%	74.9%	0.0%	7.9%	100.0%	25.9%
Net Revenue	\$59,934	\$0	\$261,315	\$0	\$27,472	\$348,722	\$90,481
Patients by Age a	and Sex		Patients by Race	1	<u>Pati</u>	ients by Ethnicity	!
AGE GROUPS MALE F	FEMALE TOTAL	L Asiar	Patients:	4	Hispanic Latino	Patients:	7

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	7
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	23
15-44 yr	2	0	2	Black/ African American :	3	Unknown Ethnicity Patients	0
45-64 yr	5	3	8	Hawaiian /Pacific Islande	0	TOTAL:	30
65-74 yr	7	2	9	White:	23		
75 < yrs	7	4	11	Unknown:	0		
Total	21	9	30	TOTAL:	30		

Ownership, Management and General Information

Name: Vandalia Dialysis

Address: 301 Mattes Road

City: Vandalia
County: Fayette
HSA: 5
Medicare ID: 14-2693

Legal Entity Operator:

Total Renal Care, INC

300.0

Legal Entity Owner:

Ownership Type: For Profit Corporation Property Owner: Central Realty LLC

Other Ownership:

Medical Director Name: Bashar Alzahabi
Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2013:	8	Full-Time Work Week:	40
Certified Stations by CMS:	8	Regsitered Nurse :	2
Peak Authorized Stations Operated:	8	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	2
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	10	0	10
Number of Patients Treated	6	14	8	15	5	0	15

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 23 In-Center Treatments in calendar year: 8 (Beginning patients) Number of Missed Treatments: 77

Patients treated as of 12/31/2013:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min):

Total Unduplicated patients 25 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	6	Recovered patients:	1	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	3	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	0%
Patients Re-Started:	0	Patients transferred out:	1	Use Rate (including Missed Treatments):	1%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	48%
Total:	9	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	54%
		Patients deceased:	5	Renal Network Use Rate:	54%
		Total:	7		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	92.0%	0.0%	8.0%	0.0%	0.0%	100.0%	0.0%
Patient	23	0	2	0	0	25	0
1/1/2013 to 12/31/2013	64.3%	1.3%	34.4%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$779,922	\$15,750	\$416,533	\$0	\$0	\$1,212,205	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	Pat	ients by Ethnicit	¥

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	25
15-44 yr	0	1	1	Black/ African American :	1	Unknown Ethnicity Patients	0
45-64 yr	5	4	9	Hawaiian /Pacific Islande	0	TOTAL:	25
65-74 yr	2	2	4	White:	24		
75 < yrs	3	8	11	Unknown:	0		
Total	10	15	25	TOTAL:	25		

Ownership, Management and General Information

Name: Wayne County Dialysis Center

Address: 303 NW 11th Street

City: Fairfield County: Wayne HSA: 5
Medicare ID: 14-2688

Legal Entity Operator: Renal Life Link INC

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Fairfield Memorial Hospital

Other Ownership:

Medical Director Name: Steven Zelman
Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2013:	8	Full-Time Work Week:	40
Certified Stations by CMS:	8	Regsitered Nurse :	2
Peak Authorized Stations Operated:	8	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		I PN ·	0

 Isolation Stations Set up in Oct 1-7:
 0
 Social Worker:
 0

 (subset of authorized stations)
 LPN:
 0

 Number of Shifts Operated per day
 Other Health:
 2

 Other Non-Health:
 0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	10	0	10
Number of Patients Treated	10	16	10	15	12	0	14

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2013: 32 In-Center Treatments in calendar year: 3,689 (Beginning patients) Number of Missed Treatments: 186
Patients treated as of 12/31/2013: Average Daily Treatments: 4
(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 32 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	23	Recovered patients:	0	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	4	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	49%
Patients Re-Started:	0	Patients transferred out:	9	Use Rate (including Missed Treatments):	52%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	67%
Total:	27	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	65%
		Patients deceased:	9	Renal Network Use Rate:	60%
		Total:	18		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	78.1%	9.4%	12.5%	0.0%	0.0%	100.0%	0.0%
Patient	25	3	4	0	0	32	0
1/1/2013 to 12/31/2013	64.0%	0.4%	31.3%	0.0%	4.3%	100.0%	0.0%
Net Revenue	\$721,303	\$4,228	\$353,509	\$0	\$48,609	\$1,127,649	\$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	32
15-44 yr	1	2	3	Black/ African American :	0	Unknown Ethnicity Patients	0
45-64 yr	10	6	16	Hawaiian /Pacific Islande	0	TOTAL:	32
65-74 yr	6	6	12	White:	32		
75 < yrs	0	1	1	Unknown:	0		
Total	17	15	32	TOTAL:	32		

Ownership, Management and General Information

Name:

West Lawn Dialysis

Address:

7000 South Pulaski Road

City: County: Chicago

Cook HSA: 6 Medicare ID: 14-2719 **Legal Entity Operator:**

Wholly Owned

Legal Entity Owner:

Ownership Type: For Profit Corporation Glendale 2004 LLC **Property Owner:**

Other Ownership:

Medical Director Name: Dr. Michael Arvan **Provides Incenter Noctural Dialysis:**

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2013:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	1
Peak Authorized Stations Operated:	12	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	1
Dielygia Station Hi	li-ation for the We	ack of Oct 4 7	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	14	14	14	14	0	14
Number of Patients Treated	16	28	17	28	20	0	28

Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

In-Center Treatments in calendar year: Patients treated as of 1/1/2013: 33 7,045 (Beginning patients) **Number of Missed Treatments:** 281

Average Daily Treatments: Patients treated as of 12/31/2013: 56 (Ending patients) Average Treatment Time (min): 212.0

Total Unduplicated patients 63

treated in calendar year:

ADDITIONS to the FAC	CILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	41	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	74	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	63%
Patients Re-Started:	0	Patients transferred out:	37	Use Rate (including Missed Treatments):	65%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	46%
Total:	115	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	78%
		Patients deceased:	4	Renal Network Use Rate:	78%
		Total:	43		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	36.7%	38.3%	23.3%	0.0%	1.7%	100.0%	5.0%
Patient	22	23	14	0	1	60	3
1/1/2013 to 12/31/2013	36.3%	6.7%	53.4%	1.5%	2.1%	100.0%	1.5%
Net Revenue	\$965,789	\$177,515	\$1,419,626	\$39,636	\$56,586	\$2,659,153	\$39,636
Patients by Age	and Sex		Patients by Rac	e	Pat	ients by Ethnicit	v

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	33
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	30
15-44 yr	6	5	11	Black/ African American :	23	Unknown Ethnicity Patients	0
45-64 yr	17	14	31	Hawaiian /Pacific Islande	0	TOTAL:	63
65-74 yr	8	6	14	White:	6		
75 < yrs	5	2	7	Unknown:	34		
Total	36	27	63	TOTAL:	63		

Ownership, Management and General Information

Name:

Woodlawn Dialysis

Address:

City: County: Chicago

HSA: 6 Medicare ID:

5060 S. State Street

Cook 14-2721 **Legal Entity Operator:**

Total Renal Care

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner: REM** managment Inc

Other Ownership:

Medical Director Name: Mary Hammes, MD **Provides Incenter Noctural Dialysis:**

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQ</u>	<u>UIVALENT</u>

Authorized Stations as of 12/31/2013:	32	Full-Time Work Week:	40
Certified Stations by CMS:	32	Regsitered Nurse :	6
Peak Authorized Stations Operated:	32	Dialysis Technician :	16
Authorized Stations Setup and Staffed in Oct 1-7:	32	Dietician :	1
Isolation Stations Set up in Oct 1-7:	2	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	16	12	16	12	0	16	
Number of Patients Treated	45	54	46	48	44	0	51	

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2013: 82 (Beginning patients)

Patients treated as of 12/31/2013:

(Ending patients)

Total Unduplicated patients treated in calendar year:

Facility Reported Treatment Information

In-Center Treatments in calendar year: 8.887 **Number of Missed Treatments:** 350

Average Daily Treatments:

Average Treatment Time (min): 240.0

LOSSES to the FACILITY ADDITIONS to the FACILITY

New Patients: 116 **Transient Patients:** 25 Patients Re-Started: 0 **Post-Transplant Patien** 0 Total: 141

Recovered patients: **Transplant Recipients:** Patients transferred out: Patients voluntarily discontinued Patients lost to follow up: Patients deceased: Total:

111

111

USE RATE for the FACILITY Treatment Capacity/year (based on Stations): 29,952 Use Rate (Treatments/Treatment capacity): 30% Use Rate (including Missed Treatments): 31% Use Rate (Begining patients treated): 43% Use Rate (Year end Patients/Stations*6): 58% **Renal Network Use Rate:** 63%

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	77.1%	14.7%	5.5%	0.0%	2.8%	100.0%	1.8%
Patient	84	16	6	0	3	109	2
1/31/2013 to 12/31/2013	69.3%	10.6%	14.9%	0.7%	4.4%	100.0%	0.7%
Net Revenue	\$3,526,328	\$538,978	\$760,351	\$36,797	\$224,694	\$5,087,149	\$36,797
Batianta by Aga	and Cay	I	Potionto by Poo		Dot	ionto by Ethnicit	

Patients by Age and Sex Patients by Ration Patients by Ration Patients Pati				Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	109
15-44 yr	9	8	17	Black/ African American :	109	Unknown Ethnicity Patients	0
45-64 yr	19	23	42	Hawaiian /Pacific Islande	0	TOTAL:	111
65-74 yr	12	16	28	White:	0		
75 < yrs	9	15	24	Unknown:	2		
Total	49	62	111	TOTAL:	111		

Ownership, Management and General Information

Name: Yorkville Dialysis Center
Address: 1400 N. Beecher

City: Yorkville
County: Kendall
HSA: 9
Medicare ID: 14-2709

Legal Entity Operator:

Renaissance Management Co. LLC (operates) York

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Yorkville Medical Building Co. LLC

Other Ownership:

Medical Director Name: Dr. Valerie Heidenry Provides Incenter Noctural Dialysis:

14

Private Pay

31

0

Other Public

0

14

TOTAL

Charity Care

STATION INFORMATION			FACILITY STAFFING - FULL TIME EQUIVALENT					
Authorized Stations as of 12/31/2013:		8		Full-Tim	Full-Time Work Week:			40
Certified Stations by CMS:		8		Regsiter	ed Nurse :			1
Peak Authorized Stations Operated:	8		Dialysis	Technician	:		0	
Authorized Stations Setup and Staffed in Oct 1-7: 8				Dietician :				0
Isolation Stations Set up in Oct 1-7:	0		Social Worker:				0	
(subset of authorized stations)				LPN:			0	
Number of Shifts Operated per day				Other Health :				0
				Other No	on-Health:			0
<u>Dialysis Statio</u>	n Utiliz	ation for th	e Week of	Oct 1 - 7				
Date of Operation Oc	ct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	0	12	0	12	0	0	12	

0

Facility Utilization Information

treated in calendar year:

20

Total

Number of Patients Treated

Medicare

11

Facility Reported Patient Information Facility Reported Treatment Information Patients treated as of 1/1/2013: 14 In-Center Treatments in calendar year: 1,976 (Beginning patients) **Number of Missed Treatments:** 59 **Average Daily Treatments:** Patients treated as of 12/31/2013: 13 (Ending patients) Average Treatment Time (min): 228.0 **Total Unduplicated patients** 31

13

-		
ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY

0

Medicaid

TOTAL:

31

New Patients: 9 Recovered patients: 1 Treatment Capacity/year (based on Stations): 7,488 **Transient Patients:** 3 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 26% Patients Re-Started: 3 Patients transferred out: 11 Use Rate (including Missed Treatments): 27% **Post-Transplant Patien** 2 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 29% Total: 17 Patients lost to follow up: 1 Use Rate (Year end Patients/Stations*6): 27% Patients deceased: 4 **Renal Network Use Rate:** 27% Total: 18

Patients and Net Revenue by Payor Source

Private Insurance

		74.	2%	16.1%	9.7%	0.0%	0.0%	100.0%	0.0%
Patient		23		5 3		0	0	31	0
1/1/2013 to 12/31/2013		73.3%		13.9%	12.8%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$406,468 \$77		7,034 \$71,034	\$71,034	\$0	\$0	\$554,536	\$0
Patients by Age and Sex			Patients by Race		Patients by Ethnicity				
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:		0	Hispanic Latino Patients:		6
<14 yrs	0	0	0	Native American/ Indian:		0	Non-Hispanic Latino Patien		25
15-44 yr	3	2	5	Black/ African American :		3	Unknown Ethnicity Patients		0
45-64 yr	5	2	7	Hawaiian /Pacific Islande		0	TOTAL:		31
65-74 yr	5	4	9	White:		28			
75 < yrs	7	3	10	Unknown	n :	0			